

Date of Request: _____ Instructor's Name: _____

Department: _____ Activity Type and Place: _____

Activity Date and Time: _____ Purpose of Activity: _____

Transportation Information:

Time of Departure: _____ Time of Return: _____

Name of Driver: _____ Driver's License Number: _____

Insurance Company: _____ Coverage: _____

Names of Student/Classes Missed:

- | | | | |
|-----|--|-----------------|--|
| 1. | | Classes Missed: | |
| 2. | | Classes Missed: | |
| 3. | | Classes Missed: | |
| 4. | | Classes Missed: | |
| 5. | | Classes Missed: | |
| 6. | | Classes Missed: | |
| 7. | | Classes Missed: | |
| 8. | | Classes Missed: | |
| 9. | | Classes Missed: | |
| 10. | | Classes Missed: | |
| 11. | | Classes Missed: | |
| 12. | | Classes Missed: | |
| 13. | | Classes Missed: | |
| 14. | | Classes Missed: | |

Note: If you have additional students/classes missed, please place them on the back side of the request.

Division Chair Signature/Immediate Supervisor _____ Date: _____

Funding source: T & A Institutional Funds Acct# _____

Office Use Only:

1. Submit to the Vice President of Instructional Services 10 days prior to the activity.
2. The Vice President of Instructional Services will retain the form and will return a copy to the instructor.

Approved Not Approved

(Vice President of Instructional Services)