OFF CAMPUS FIELD TRIP – REQUEST FOR APPROVAL
UNDERGRADUATE PROGRAM DIRECTOR AND DEPARTMENT CHAIR

NOTE: This form is to be completed by the Course Director and returned to the Department Administrator at least 30 days before the date of the field trip

Course: ____________________________  Course Director: ____________________________

1. Nature of Field Trip:
_____________________________________________________________________________________
_____________________________________________________________________________________

2. Date & location of Field Trip:
_____________________________________________________________________________________

3. Number of students:
_____________________________________________________________________________________

4. Name of faculty member supervising the Field Trip:
_____________________________________________________________________________________

5. Time of departure:
_____________________________________________________________________________________

6. Time of return:
_____________________________________________________________________________________

7. Means of transportation:
_____________________________________________________________________________________

8. Method of communication with York (e.g. cell phone)
_____________________________________________________________________________________

9. Will Waiver Forms be administered? □ YES □ NO

10. Expected cost of Field Trip: $______________________________

Signature: ________________________________ Date:________________________

Course Director

Undergraduate Program Director Recommendation:

Reviewed and Approved By:

☐ Undergraduate Program Director:

__________________________________________ Date:______________________

☐ Department Chair

__________________________________________ Date:______________________