

San Joaquin Delta College

FIELD TRIP, TRANSPORTATION, SPECIAL TRAVEL REQUEST

Date of Request _____ Curricular Field Trip _____ Extra Curricular Field Trip _____ Out Of State Travel _____

STUDENTS WILL MISS OTHER CLASSES: YES _____ NO _____ ATTACH LIST OF NAMES _____

DESTINATION _____ CITY _____

NAME OF OVERNIGHT ACCOMMODATIONS _____ CITY _____

DATE OF DEPARTURE _____ TIME _____ A.M./P.M. DATE OF RETURN _____ TIME _____ A.M./P.M.

PLACE OF DEPARTURE _____ PARKING LOT _____

CHECK TYPE OF TRANSPORTATION: _____ BUS (41) _____ VAN (9) _____ SEDAN (5) _____ CHARTER BUS (39 - 46) NUMBER OF VEHICLES _____

NUMBER OF STUDENTS _____ ATTACH LIST OF NAMES _____

NUMBER OF FACULTY/STAFF/APPROVED VOLUNTEERS _____ ATTACH LIST OF NAMES _____

INSTRUCTOR IN CHARGE _____ TELEPHONE NUMBER/EXTENSION _____

BUDGET(S) TO BE CHARGED: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____

REQUIRED SIGNATURES:

FACULTY/CLUB ADVISOR SIGNATURE _____ DATE _____

In accordance with Administrative Procedure 4300, I certify that ALL student participants are enrolled in course _____ and/or are members of _____ campus organization.

DIVISION DEAN/SUPERVISOR OF STUDENT ACTIVITIES _____ DATE _____

ASSISTANT SUPERINTENDENT, V.P.OF INSTRUCTION/VICE PRESIDENT OF STUDENT SERVICES: _____ DATE _____

SUBMIT IN TRIPLICATE TO YOUR DIVISION DEAN AND/OR ADVISOR, THEN TO THE VICE PRESIDENT OF INSTRUCTION AND/OR VICE PRESIDENT OF STUDENT SERVICES FOR APPROVALS. IF YOUR TRIP IS APPROVED, YOU WILL RECEIVE YOUR REQUEST COPY BACK. REQUESTS MUST BE SUBMITTED COMPLETE AT LEAST TWO WEEKS PRIOR TO THE DESIRED DATE.