

Atlantic Cape Community College

Academic Field Trip(s) Request Form

Please complete this Request Form when scheduling a field trip at least two weeks prior to the planned trip, and submit it to the Department Chair, Director, or Dean for his or her approval.

NOTE: Please limit field trips to two (2) per semester, per course, unless otherwise approved by the Department Chair, Director, or Dean.

Name of Instructor:

Course Name and Section Number:

Proposed Field Trip Location:

Date and Time of Field Trip:

Briefly describe the proposed field trip agenda:

Briefly explain how this field trip enhances course curriculum:

Faculty Signature: _____

Date: _____

Signature of Department Chair/Director/Dean: _____

Date: _____

**please retain this copy for your files*