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Field Trip Funding Request Form

Please enter the details of your class field trip request below.

Instructor's Name:

Department:

Class Number: Class Title:

Number of Participants:

Semester: Fall 20 Spring 20

Please describe how this request is necessary, reasonable, and appropriate for your class:

Estimated costs (please detail):

Attachments (optional):

Instructor's signature

Approvals:

Department Chair (Print Name) Signature

Dean (Print Name)

Signature

Date:

Date: