Andrews University

FIELD TRIP REQUEST

A. Request for Field Trip

1. By whom : _____ _____
   Trip Director — Name of Sponsoring School / Division / Department
2. Dates of Field Trip: _____ Dates of Instruction : _____
3. Destination(s) of Field Trip: _____
4. Places to be Visited: _____ SDA Churches etc: _____
5. Members: Minimum: _____
6. Travel Arrangements: _____

B. **Course(s) Related to the Field Trip Experiences**:

	Course Number	Course Title	Credits
1.	_____	_____	_____
2.	_____	_____	_____

C. **Amount of Credit covered by the Field Trip**: _____

D. **Description of the Proposed Educational Activities on the Field Trip**: _____

_____

_____

E. **Insurance Clearance**

1. For Local Trip, list insured drivers: _____
2. For Overseas Trip an International tour Safety Interview is required. Please arrange time with Loss Control personnel.

_____ _____
Director, Loss Control — Date

F. **Approvals**: _____ _____
Department Chair — Date

_____
Dean(s) — Date

_____ _____
Controller — Date

_____ _____
Vice President for Academic Administration — Date

F. **Comments**: _____

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