



Wayne County Community College District

FIELD TRIP REQUEST FORM

Educational Affairs believes that field trips and out-of-classroom activities, when directly tied to course objectives, can be important aspects of instruction within the community college. Through established guidelines students will profit more fully educationally from experience, instructors will be able to make arrangements in advance to alert students of their plans, and academic administrators will have prior knowledge of all such activities. NOTE: A request for field trips should be initiated when designing the semester's syllabus and must include specific dates, times, and costs associated. A limit of 2 Field Trips per class is allowed for Fall or Spring semesters and 1 for Summer. Field Trips may only substitute 1 class session.

PROCEDURE:

- 1) Complete the form in its entirety. Enter a response for each item. Sign Form.
- 2) Submit Field Trip Request Form, Class Roster, and Signed Student Consent Forms to the Campus President's Office at least three (3) weeks prior to the scheduled date of the field trip. The Chief Academic Officer (or designee) can allow exceptions to the notice period in extenuating circumstances.
- 3) The Chief Academic Officer (or designee) will act on the request within five (5) working days of receipt of the request. S/he will retain the original copy and submit one photo copy to you.
- 4) Instructor must accompany students on all field trips.
- 5) Whenever possible, Field Trips must occur during the scheduled day/time of class. Instructor is responsible for providing students with an equivalent make-up assignment in the event that he/she cannot attend the field trip and/or the field trip occurs outside of regularly scheduled class.
- 6) Students under the age of 18 must provide parent and high school representative signatures on Student Consent Form.

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_____ : ____ am/pm

Instructor's Name _____ CRN _____ Course # _____ Course Name _____ Days(s) _____ Time _____

Field trip to: _____ on ____ / ____ / ____ at ____ : ____ am/pm to ____ : ____ am/pm

Address: _____ City: _____ State: _____

Contact Person: _____ Phone: () _____ - _____

Field Trip will substitute for the following class date: _____

Course objective(s) to be achieved: _____

Describe the student assessment for this Field Trip: _____

Describe alternate assignment for students who are unable to participate: _____

Consideration of student welfare:

____ Yes ____ No 1) Map and directions provided?

____ Yes ____ No 2) Meeting location, date, and time has been fully explained to the student?

Instructor's Signature: _____ Date: ____ / ____ / ____

Office Use Only: _____ Approved _____ Denied Campus President or Designee Signature _____ Date: ____ / ____ / ____
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NOTE: Participants must sign the Trip Liability Waiver form to accompany this request.