

SANTA CLARITA COMMUNITY COLLEGE DISTRICT  
COLLEGE OF THE CANYONS

**FIELD TRIP REQUEST**

**All Field Trip Requests require Board approval before departure date(s) of Field Trip.**  
For Board approval prior to this trip, please allow a **minimum of 3 weeks after last approval** to process this Request.

**DEPARTURE DATE(S) OF FIELD TRIP\*:**

**RETURN DATE(S) OF FIELD TRIP\*:**

**\*NOTE:** Each Field Trip Destination requires a **separate** Field Trip Request form.  
A Field Trip Date Change will require a **new** Field Trip Request form.

**PLEASE PRINT CLEARLY:**

Instructor/Advisor:

**Email** – Waiver will be sent to email address shown here after all approval's below

Telephone / Extension

**CHECK ONE:**  INSTRUCTION CLASS (CREDIT OR NON-CREDIT)  ASG-CLUB  OTHER (specify)

Class (Name/Number/Section) or Club:

Activity(ies)/Destination(s)

Transportation (**check one**):  Responsibility of Student  Provided by college

Describe the objectives of the proposed activity(ies) and how they relate to course/program/club content/objectives:

**→ → REQUIRED SIGNATURES ← ←**

- No travel is allowed or authorized by the District without the following signatures and Board approval.
- For Board approval prior to this trip, please allow a **minimum of 3 weeks after last approval** to process this Request.

\_\_\_\_\_  
Instructor / Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair / Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean / Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instruction Office / AVP

\_\_\_\_\_  
Date

**Instruction Office / Fiscal Services / Risk Management Use Only**

Instruction Office: Copies to  FS  RM  Div Dean  Faculty

Date Sent \_\_\_\_\_

Fiscal Services:

Board Date \_\_\_\_\_

Risk Management:  Waiver sent to email shown above

Date Sent \_\_\_\_\_