

ULSTER COUNTY COMMUNITY COLLEGE

Stone Ridge, NY 12484

CLASS FIELD TRIP

COURSE: _____ **INSTRUCTOR:** _____

DATE OF PROPOSED TRIP: _____

DEPARTURE TIME (From College): _____

TIME OF RETURN (To College): _____

DESTINATION AND LOCATION: _____

PURPOSE AND OBJECTIVE:

IS THIS TRIP A REQUIREMENT OF THE COURSE? _____

ANTICIPATED NUMBER IN PARTY: _____

NAME OF FACULTY MEMBER LEADING PARTY: _____

MODE OF TRANSPORTATION:

TOTAL COST OF TRIP: _____

METHOD OF MEETING COST: _____

(Instructor's Signature)

(Department Chair's Signature)

DATE: _____

APPROVED: _____

Dean of Academic Affairs

*The Dean of Administration's Office (X5109) should be notified by the faculty member to verify if a Certificate of Insurance is needed for their trip.

*A copy of this form should be sent to the Dean of Administration's Office