

MADISON AREA TECHNICAL COLLEGE REQUEST FOR FIELD TRIP

To: **Dean, Chair, or Campus Administrator**

Date: _____

FROM: _____

Instructor in charge of field trip: _____

Class making field trip: _____

Other instructor making trip: _____

Other teachers affected by this trip, academic and related: _____

Substitute left in charge of instructor's classes: _____

Date of Trip: _____ Number of students making trip: _____

Means of transportation: _____

Place or organization to visit: _____

Address: _____ City: _____

Activity to be observed: _____

All contracts have have not been made

Leaving time: _____ Returning time: _____

Leaving from where (school, shopping center, etc.): _____

Have parents or students under 18 years of age given permission for this trip?
(written permission must be given by parents.)

Yes No

Have arrangements been made with the above instructor to make up the time lost because of the field trip?

Yes No

Trip Approved:

Supervisor

(Waiver Forms on file in Division/Department/campus Office)