

MORENO VALLEY COLLEGE
RIVERSIDE COMMUNITY COLLEGE DISTRICT
Field Trip Request

Date of request: _____

The following instructional field trip is requested:

Name of Course/ Club/ Organization _____

Approximate number of students: _____

Date of Field Trip: _____ Second Choice: _____

Time of departure: _____ Estimated time of return: _____

Destination: _____

Form of transportation needed: _____

Are funds requested for this transportation: Yes No Budget Code _____

Approved Rejected _____
Instructor/ Faculty Advisor Date

Approved Rejected _____
Dean of Students / Department Chairperson Date

Approved Rejected _____
Vice President of Student Services / Dean of Instruction Date

Please attach the following as appropriate

- Roster of Attendees
- MVC Medical Consent Form
- ASMVC Student Excursion Contract
- Riverside Community College District Waiver (if applicable)
- Other _____
- Other _____