



APPLICATION FOR FIELD TRIP

(Please allow for a minimum of 7 working days to process this application)

Title of Trip: _____

Date of Trip: _____ Time of Trip: _____ To: _____

Location: _____ Applicant: _____ Tel: _____

Organization/Faculty: _____ Email: _____

UOIT Field Trip Other: _____

Description of Trip: (Use back of form if more space is required)

Campus: North Campus Downtown Campus Other: _____

Number of UOIT Participants: _____

Transportation: Bus Required or to be Ordered? Yes No If yes, **Certificate of Insurance is required**

UOIT Affiliation

Department: _____

Individual (Student, Faculty, Staff): _____

Class Information

Classes Involved: _____

Names of all Professors attending field trip:

Class Cancellations Caused (all professors affected **MUST** initial beside their name):

Cancellation of Classes for STUDENTS on Field Trips			
	Professor (Professor Must Initial)	Time	Subject
1.			
2.			
3.			
4.			
Cancellation of Professors' Classes			
	Professor (Professor Must Initial)	Time	
1.			
2.			
3.			
4.			

*Professor arranging field trip **MUST** notify all professor and faculty office that will be affected by the cancellation of classes

Applicant Signature: _____

I hereby certify that I have signing authority and I am authorized to approve this field trip.

Signature: _____

Dean/ VP _____

Print Name: _____

For use by the Office of Risk Management Only Comments: _____	Date: _____
	Signature: _____
Insurance Provider: <input type="checkbox"/> Insurance Purchased by Traveler <input type="checkbox"/> Other, specify: _____	

Following Dean/VP approval, submit form to: Risk Management, Jacquelyn Dupuis