APPLICATION FOR FIELD TRIP

(Please allow for a minimum of **14** working days to process this application)

Title of Trip: _____

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

Location: _____ Applicant: _____ Tel: _____ ID#: _____

Organization/Faculty: _____ Email: _____

Co-sponsoring Organization(s)/Faculties: _____

☐ Ontario Tech Trip ☐ Other _____

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

_____

_____

Campus: ☐ North Campus ☐ Downtown Campus ☐ Other: _____

Number of OUT Participants: _____

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

Ontario Tech 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	CRN
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.

Dean/VP Signature _____

Print Name _____

Following Dean/VP approval, submit form to: Risk Management, Jacquelyn Dupuis, Jacquelyn.Dupuis@ontariotechu.ca