



CONTRA COSTA COLLEGE

Contra Costa Community College
2600 Mission Bell Dr.
San Pablo, CA. 94806

REQUEST FOR FIELD TRIP

*Please attach this form to an email to your department chair
at least **one week** prior to your field trip.*

Instructor: _____

Division Dean: _____

Today's date: _____

Date and time of field trip: _____

Class going on field trip: _____
Course Section Number

Destination: _____

Relevance of field trip to course curriculum: _____

Any cost to CCC? _____ YES _____ NO
If yes: Cost: \$ _____ for _____
GL#: _____

Type of transportation:
_____ Public bus or BART _____ Charter bus
_____ District vehicle _____ Students travel on their own
_____ Air

If instructor and students will be departing from and returning to CCC:

Departure time: _____

Departure point: _____

Estimated time of return: _____

Please indicate any classes, lab hours, office hours that will be missed. A sign will be posted.

Student Consent and Release forms must be attached to this document in order to receive approval from the dean.

Your request for a field trip is _____ APPROVED _____ DENIED

Department Chair

Division Dean

Distribution: (Forwarding this form indicates approval from the department chair and division dean.)
Email should be sent in the following sequence—to department chair, to division dean, to division secretary.