

**THE UNIVERSITY OF AKRON-  
WAYNE COLLEGE  
FIELD TRIP REQUEST FORM**  
(Please print or type all information)

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Number Participating: (including all students and faculty) \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Time: \_\_\_\_\_  
(from) (to)

Destination: \_\_\_\_\_

Nature of the trip: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Member making the request:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Each student participating in the field trip should be asked to complete and return an Assumption of Risk Form (next page). These forms are also available through the Student Services Office.

The FIELD TRIP REQUEST FORM should be submitted at least one week prior to the proposed field trip. The ASSUMPTION OF RISK FORMS must be submitted prior to the field trip. All completed forms should be returned to the Office of Academic Affairs.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If a vehicle is needed for a field trip, the instructor needs to make arrangements to rent a car/van when needed on an individual basis. For details, please see the Business Office Manager.

ON THE DAY OF THE FIELD TRIP, PLEASE HAVE ALL PARTICIPANTS LIST THEIR NAMES ON THE BACK OF THIS FORM AND THEN RETURN IT TO ACADEMIC AFFAIRS.

We will maintain the list in the Office of Academic Affairs.