LINDENWOOD UNIVERSITY

Field Trip Form

Please submit to dean at least 10 days prior to event.

Instructor:				
Course(s):	De	partment:		
Date:	Cost to be	paid by univer	sity:	
Location:	N	umber of stude	nts:	
Purpose:				
Means of transportation:				
Departure time:	R	eturn time:		
Additional information:				
if a contact for your	destination is included, a thank-	you can be sent on l	pehalf of the university	
Will students require exemptions	s from other classes?	Yes	No	
Instructor Emergency Contact: _	nan	ne, relation, & phone	e number	
Please complete the following:				
Students have received ins	structions to complete wa	aivers on Involv	/eU	
Page 2 of this form is comp	bleted, listing all students	s attending		
Instructor Signature:			Date:	
Dean's Approval:			Date:	
This form should be smalle	d to Correct Comisse QL		fellowing doop's oppr	ovol

This form should be emailed to CareerServices@Lindenwood.edu following dean's approval.

Please fill out a separate form for each field trip. Contact Sodexo if food services are needed. Nov 2023

List of Students

Please list all students planning to attend field trip. Use additional pages if necessary.

First Name	Last Name

Please fill out a separate form for each field trip. Contact Sodexo if food services are needed. Nov 2023