



## Schedule Change/Field Trip Request

Date: \_\_\_\_\_ Instructor Name: \_\_\_\_\_ Class and Level: \_\_\_\_\_

*Please allow a minimum of 48 hours for the request to be processed. Incomplete forms will be returned for completion before being processed.*

Purpose of request:  Schedule Change  Field Trip  Other\*

\*If reason is of a personal nature and you would prefer to receive a phone call to discuss the change please check "Other" and provide your phone number here: \_\_\_\_\_

It is the responsibility of the instructor to inform each student of the change. How will you notify the students? \_\_\_\_\_

*Do not contact students about this change until the request has been approved*

Instructor Signature: \_\_\_\_\_

**Schedule Change**  Temporary  Permanent

Current Class Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_

Explain in detail the purpose for the proposed schedule change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Field Trip

Current Class Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Field Trip Location: \_\_\_\_\_

Explain in detail the purpose for the proposed field trip:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What equipment do you plan to take with you on the field trip?

\_\_\_\_\_  
\_\_\_\_\_

For Office Use:

Operations  Approve  Deny

Comments: \_\_\_\_\_  
\_\_\_\_\_

Operations Signature: \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room # Assigned: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_