REQUEST/AUTHORIZATION TO CONDUCT OFF-CAMPUS STUDENT ACTIVITY

Campus:  

- [ ] City  
- [ ] Mesa  
- [ ] Miramar  
- [ ] Continuing Education (Specify Campus) ____________

Course/Organization ___________________________  Instructor/Advisor ___________________________

Title and Number or Name ___________________________  CRN ___________________________

Type of Activity (see Board of Trustees Policy, BP 3120 Off-Campus Student Activities)

- [ ] Field Trip, Excursion, Class Convened Off Campus  
- [ ] Optional Visit  
- [ ] Associated Student Body Activity  
- [ ] Co-curricular Activity - part of previously Board-approved season schedule  
- [ ] Co-curricular Activity - not a part of previously Board-approved season schedule

Is the Activity

- [ ] Outside California  
- [ ] Overnight  
- [ ] Advance of funds will be requested as a part of this activity

(If the answer to any statement above is yes, and the activity has not been previously Board-approved, the dean will prepare a Board Agenda item requesting advance Board approval.)

Time and date of activity __________________________________________

Location where activity is to be conducted __________________________________________

Brief description of the activity/purpose __________________________________________

Transportation:  

- [ ] Will be the responsibility of each individual  
- [ ] Will be provided by the district

(See restrictions for transportation of students in Board of Trustee Policy, BP 3125)

I have read Board of Trustees Policy, BP 3120 Off-Campus Student Activities, and certify that to the best of my belief the activity for which authorization is requested is in consonance therewith.

Signature of Requester ___________________________  Date of Request ___________________________

Approval:  

- [ ] Approved  
- [ ] Not approved for the reasons shown below

Remarks __________________________________________

__________________________________________________________

__________________________________________________________

Signature of Dean ___________________________  Date ___________________________

Distribution – Submit original to the dean responsible for travel