

Course	Section	Term/Year	Instructor's Name	
Date of Trip (MM/DD/YY)	Time/s (Leave-Return to NVC)	Number of Students*	Date Received by OAA	
	Destination a	nd Purpose of Trip		
Are students required to pa	rticipate in this activity? (Please	check one)	□ YES □ NO	
Are there additional fees red	quired to participate in this activ	r <b>ity?</b> (Please check o	one)	
	Request fo	r Transportation		
☐ College-issued Vehicle	e** Capacity	□ None (Partio	cipants will meet at destination)	
related to the course enrolled. Sistudent's responsibility to notifing the undersigned, acknowled the undersigned, acknowled the participating in the field injury, accident, illness, or death of participants agree to hold the Distriction of the undersigned to the undersigned the unders	tudents who wish to participate in such a participate in such a participate in another and the below stands the below stands trip or excursion shall be deemed to pocurring during or by reason of the fietrict, its officers, agents, and employees	voluntary participation in the activities must sign and class related to the find tement:  have waived all claims and trip or excursion, purices harmless from any and any and control of the control of	in off-campus co-curricular field trips and/or excursio a waiver to acknowledge their understanding. It is t	
	Stud	ent Roster		
STUDENT NAME	SIGNATURE	STUDENT	T NAME SIGNATURE	
		8.		
,		9.		
		10.		
		11.		
		12.		
<u> </u>		13.		
		14.		
		questing the use of a	a college-issued vehicle for the trip	
	AP	PROVAL		
Dean	□ Approve	d □ Denied	 Date	
Vice President, Academic	± Δffairs □ Approved	d □ Denied	Date	
vice i lesidelli, Adadelliid	, Andre		Date	
*Facilities Services (for Trans	☐ Approve	d □ Denied	Date	