

RIVERSIDE COMMUNITY COLLEGE
MORENO VALLEY CAMPUS
Field Trip Request

Date of request _____

The following instructional field trip is requested:

Name of course _____

Approximate number of students _____

Date of Field Trip _____ Second Choice _____

Time of departure _____ Estimated time of return _____

Destination _____

Form of transportation needed _____

Are funds requested for this transportation Yes No Budget Code _____

Approved Rejected _____
Instructor Date

Approved Rejected _____
Department Chairperson Date

Approved Rejected _____
Dean of Instruction Date

Please attach the following as appropriate

- Roster
- RCC Medical Consent Form
- ASRCC Student Excursion Contract
- Riverside Community College District Waiver
- Other _____

Other _____