

Class Field Trip Request

Course Number & Title:		
Trip(s) to:		
Departure Date(s) & Time(s):		
Return time(s):		
Purpose:		
Method of Travel:		
Risk Management Office to ge reached by calling 885-1177 on numbers, a completed waive Absence should be turned in leaving for the trip. If a stude Programs as soon as possible.	et Waiver and driver forms con or emailing <u>risk@uidaho.edu</u> .	ity, please contact Academic ternative assignment may be
Instructor		 Date
Department Head		 Date
Academic Programs O	 ffice	 Date