WEST VIRGINIA STATE UNIVERSITY

FIELD TRIP CLEARANCE

CLASS OR ACADEMIC ORGANIZATION _____

DEPARTMENT _____ INSTRUCTOR _____

DATE(S) OF TRIP _____

DESTINATION _____

PURPOSE OF TRIP _____

STUDENTS TAKING TRIP:

1. _____
   name address phone

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

_____ _____ _____ _____
Instructor's Signature Date Department Chair's Signature Date

(Use additional forms as necessary)