

FIELD TRIP PROPOSAL
College of Agricultural and Environmental Sciences
(Form must be typed)

Today's Date: _____

To: Dr. Josef M. Broder
Associate Dean for Academic Affairs
CAES/Office of Academic Affairs
102 Conner Hall
Athens, GA 30602-7502

Department making request: _____ Course: _____

Department address: _____

Fax No: _____

Requesting Faculty Member: _____

Phone No: _____

Date of trip: _____ Number of students involved: _____
(Please attach list of students)

Destination: _____

Purpose of trip: _____

Name of individual in charge during trip: _____

Phone No: _____

Method of transportation: _____

Signature of Requestor: _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of Associate Dean: _____ Date: _____