Please submit to dean at least 10 days prior to event.

Instructor:	
Course(s):	Department:
Date:	Cost to be paid by university:
Location:	Number of students:
Purpose:	
Means of transportation:	
Departure time:	Return time:
Additional information:	
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Will students require exemptions from othe	r classes? Yes No
Instructor Emergency Contact:	v u U CE & ‰;Z√}U√ vµu CE
Please complete the following:	
Students have received instructions to	complete waivers on InvolveU
Page 2 of this form is completed, listing	g all students attending
Instructor Signature:	Date:
Dean's Approval:	Date:

This form should be emailed to CareerServices@Lindenwood.edu following dean's approval.

List of Students

Please list all students planning to attend field trip. Use additional pages if necessary.

First Name	Last Name