SANTA MONICA COLLEGE

AUTHORIZATION REQUEST FOR OFF-CAMPUS ACTIVITY
Submit to Academic Support ten days prior to the department. Please print or type.

NAME___________________________Position/Department___________________

Trip Date:______________________Day ____________Time_________(a.m/p.m.)

Destination__________________________________________________________

Return Date_______________Day______________Time_____________(a.m/p.m.)

Address____________________________City_____________________________

(PLEASE ATTACH ITINERARY OF OFF-CAMPUS ACTIVITY)

A LIST OF ATTENDING STUDENTS MUST BE ATTACHED.

DATE SECTION COURSE TIME/DAY
_________ ___________ ___________ ____________
_________ ___________ ___________ ____________
_________ ___________ ___________ ____________

TRANSPORTATION:
___________SMC VEHICLE (Contact Transportation Dept. to reserve)
___________NO TRANSPORTATION TO BE PROVIDED. (Class will convene at
above off-campus location.)

Date____________________Signature_______________________________

Roster of students attached______________Field Trip Wavier in department office______________

Activity Recommended_________________Not Recommended_________________

___________________________________
Department Chair Signature_____________________________________ Date__________________

Activity Recommended_________________Not Recommended_________________

___________________________________

Return completed form to Emerita Felix/Academic Affairs

Dean, Academic Affairs Date_____________________________