

KEAN UNIVERSITY

BUS TRIP APPROVAL FOR CURRICULAR RELATED TRAVEL

Course Information

Department/School: _____

Course(s)/Sections(s): _____

Supervising Faculty/Staff: _____

Contact Information: Extension: _____ E-mail: _____

Approximate Number of students: _____

(1 trip advisor per 48 students for day trip/ 1 trip advisor per 25 students for overnight)

Trip Details

Type of Trip: Day Trip Overnight Travel

Date of Departure: _____ Date of Return: _____

Destination: _____

Description of Trip: _____

Departure Time from
Kean University: _____

Return Departure Time from
Visiting Site: _____

Name of Bus Company: _____

Specific Transportation Needs: (e.g. handicapped/disabled students)

Approvals: Cost Center No. _____

Object Code = 5047

Dean/Executive Director/Program Director

Date

Office of Academic Affairs

Date

*** Note: A complete list of the students participating in the field trip must be filed with University Purchasing, the Office of the Dean and Campus Police prior to departure.**

FORWARD THIS COMPLETED FORM TO UNIVERSITY PURCHASING (908-737-5050)