



Field Trip Sign-Off Form

Instructions: Please submit a copy of this sign-off document to the department, to hold in the department's field trip file for one year.

College _____

Department / School _____

Course prefix and number _____

Course title _____

Name of field trip (destination) _____

Date(s) of field trip _____

Approximate start time _____

Approximate end time _____

☐ **This field trip complies with all SJSU field trip policies.**

Instructor's name _____

Signature & Date _____