Kean University
Union, New Jersey
Field Trip Approval

Department: ________________________________________________

Course (s) and Section (s) _________________________________________

Sponsoring Professor: __________________________________________

Other Professor (s) _____________________________________________

Approximate number of students: _________________________________

Date of Field Trip: ________________________________

Departure Time From Kean University: _____________________

Departure time from Visiting Site: _____________________________

Specific transportation needs: _________________________________

Destination: ________________________________________________

Approval: _________________________________________________

Date ________________________________ Date __________________________

Department Chair Office of the Dean

Object Code 5047 Cost Center No. ____________________________

Note: A complete list of the students participating in the field trip must immediately be filed with University Purchasing and the office of the respective Dean prior to departure.

PK/FT 2/04