

REQUEST FOR LOCAL FIELD TRIP / FIELD WORK

1. Course No. and Title: _____ Class Section(s): _____
 2. Date(s) of Trip: _____ 3. Insurance Policy No(s): _____
 4. Number of Students: _____ 5. Estimated cost per student: _____

Insurance P _____
 Transportation P _____
 Food P _____
 Others (specify) _____ P _____
 TOTAL.....P _____

6. Justification and Objective(s) of the Trip (use and fill out UPLB Trip Form IA).
 7. Itinerary

Places to be Visited	Address	Contact Person & Phone No.	Expected Date & Time of Visit
Alternative class activity / requirement:			

8. Faculty members/support staff joining the trip, aside from the faculty-in-charge.

Name of Faculty Member/Support Staff	Role in Joining Trip	Signature

9. Alternative class requirement for students who cannot join the planned field trip (use and fill out UPLB Trip Form IA).
 10. Description of safety precautionary measure to be adopted (use and fill out UPLB Trip Form IA).

REQUESTED BY:

RECOMMENDING APPROVAL:

 Printed Name and Signature of Faculty-in-Charge

 Department Chair/Institute Director/Cluster Director

ACTION:

- | | **APPROVED**
 | | **DISAPPROVED**

Comments: _____

BY AUTHORITY OF THE DEAN:

College Secretary

- Attachments:** UPLB Field Trip Form 1A (Request for Field Trip/Field Work)
 UPLB Field Trip Form 2 (Waiver of Students)
 UPLB Field Trip Form 3 (Waiver of Parent/Guardian) (for minor students only)
 Copy of Insurance Coverage
 Fit to travel Medical Clearance/Certificate

cc: Faculty-in-charge
 GS College Secretary
 Unit Head

All the fields in this form are required to be filled in.
 This request will not be acted upon unless all the information and attachments required are properly and completely supplied.

REQUEST FOR FIELD TRIP / FIELD WORK

1. Course No. and Title: _____ Class Section(s): _____
2. Date(s) of Trip: _____
3. Total number of students in lecture class/recitation/laboratory in sections where the trip is required: _____
4. Total number of students with appropriate waiver and insurance coverage: _____
5. Justification of the trip (in not more than 60 words):

6. Objectives of the trip: (This activity aims to:)

- a. _____
- b. _____
- c. _____

7. Alternative class activity/requirement for students who cannot join the proposed field trip:

8. Justification for the no. 7 above:

9. Description of safety precautionary measures to be adopted during and after the conduct of the trip:

REQUESTED BY:

RECOMMENDING APPROVAL:

Printed Name and Signature of Faculty-in-Charge

Department Chair/Institute Director/Cluster Director

UNIVERSITY OF THE PHILIPPINES LOS BAÑOS

(College)

(Department)

CERTIFICATION OF WAIVER FROM STUDENTS

To whom it may concern:

This is to certify that we, undersigned students in _____
(College)

are voluntary joining the field trip to _____
(Place)

on _____ specified in UPLB Field Trip Form 1, Request No. _____
(Date(s))

We will abide by the rules and regulations that will be imposed by the Faculty-in-Charge for our welfare and safety. Further, we will not hold the University liable for any untoward incident that may happen during and immediately after the conduct of the trip.

Printed Name of Student (block letters)	Age	Insurance/Policy Number	Contact Number	Signature	With Valid Field Trip Form 3
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

(Use additional sheets if necessary)

¹ This document is a counterpart and will complete the waiver (UPLB Field Trip Form 3) duly accomplished by the respective parent/guardian of the participating student at the start of the semester. **(For minors only.)**

² Only students with duly accomplished UPLB Field Trip Form 3 are allowed to participate in the field trip. **(For minors only.)**

END OF TRIP REPORT

Part I. Basic Information

1. Course No. and Title: _____ Class Section(s): _____
2. Date of Trip: _____
3. Total number of students in (lecture class/recitation/laboratory in sections): _____
4. Number of students who actually joined the trip: _____ Actual cost per student: P _____
5. Number of students who availed of the alternative requirement _____ Cost per student: P _____

Part II. Summary of Expenditures

Items	No. of Students	Amount (Collected) per Student	Total Amount Collected
A. STUDENT			
Total Collections			
LESS: Itemized Expenses* (Specify)			
(Expense Item 1):			
(Expense Item 2):			
(Expense Item 3):			
(Expense Item 4):			
(Expense Item 5):			
(Expense Item 6):			
TOTAL EXPENSED (A)			
*attached copies of official receipts/proofs of payment			
Outstanding Balance Deficit			
B. FACULTY			
(Amount contributed by the FIC and other staff for the trip; UPLB Field Trip Form No. 1 Item No. 8)			
Name of Faculty	Role in Joining the Trip	Signature	Amount
Faculty 1:			
Faculty 2:			
Faculty 3:			
Faculty 4:			
Faculty 5:			
Support Staff:			
TOTAL EXPENSES (B)			
OVER-ALL EXPENSES OF THE TRIP (A + B)			

Part III. Brief Assessment

A. Impact of field trip to students:

- B.** _____

C. Problems encountered during the trip / recommendations:

Prepared by:

 Printed Name and Signature of Faculty-in-Charge