

**Field Trip/Student Placement/Research Activity Approval Form**  
**Complete all information on this form and attach risk assessment for approval process**

Name:  
Department:  
Submitted By:

Email address:  
Dates of Trip:  
Location of Activity:

Description of Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select type of activity (\*see definitions for clarity):

- Field Trip (follow the procedural guidelines as outlined in Section 6)
- Student Placement (follow the procedural guidelines as outlined in Section 6)
- Research Activity (follow the procedural guidelines as outlined in Section 6)

**Risks:** check as many as may apply \*see definitions if needed

- Low Risk
- Significant Risk  
Extreme Risk
- Travel Risk
- Health Insurance Risk
- Health Risk

**Approval by Supervisor:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Approved by Department Chair/Director:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*All fields with exception of EOHSS and Senior Management signatures must be completed before submitting\***

**Approved by EOHSS:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Approval of Senior Management:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_