

School of Oriental Medicine

Dongguk University Los Angeles
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APPROVAL LETTER

Course Title / Name Program Term	:		
		Request Title	: Out-of-classroom Field Trip
		Date of Field Trip	:
Address Location of Field Trip	:		
Description	:		
Date	:		
Faculty Name	:		
Faculty Signature	:		
Approved by:			
Date	:		
Program Director Name	:		
Program Director Signature	:		

[Please submit this form to Program Director at dir_admissions@dula.edu]