

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]