

# Yale Summer Session Field Trip Form

Please complete this form **NO LATER THAN THREE BUSINESS DAYS** before the planned academic field trip. Questions should be addressed to Michael Fitzpatrick at (203) 432-2431 or [michael.fitzpatrick@yale.edu](mailto:michael.fitzpatrick@yale.edu). Forms must be returned to the YSS office, 55 Whitney, Suite 430 – fax (203) 432-2434 and to the emergency on-campus contact that you will identify below. Please also refer to our Field Trip policies in the Faculty Handbook.

Instructor Name: \_\_\_\_\_

Course Name and Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Travel date: \_\_\_\_\_

Estimated Arrival Time: \_\_\_\_\_ Estimated Departure Time: \_\_\_\_\_

Destination/Purpose: \_\_\_\_\_

Means of Transportation: \_\_\_\_\_

Emergency On-Campus Contact (e.g., DUS, Dept Registrar, etc.):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Names and Cell Phone numbers of accompanying faculty and/or University affiliates:

1. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Names of participating students:

1. \_\_\_\_\_

14. \_\_\_\_\_

2. \_\_\_\_\_

15. \_\_\_\_\_

3. \_\_\_\_\_

16. \_\_\_\_\_

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