Name of Grantee:

Project Director:

Permission is request to participate in a field trip/study on *(Date)*

In-state  Out-of-State

Destination:

Address: City: State:

Number of Students: Number of Chaperones:

Purpose for the Trip (academic goals and objectives met, program alignment, etc. Use a second page if necessary. Please return to your grant manager 20 business days before the field trip/study):