



San Diego Community College District  
 Disabled Support Programs and Services  
 Interpreting Services Office

Field Trip Services Request Form

TWO WEEKS ADVANCE NOTICE REQUIRED

DSPS COUNSELOR/STUDENT COMPLETES:

Today's Date: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

College:  City  Mesa  Miramar  CE

Class: \_\_\_\_\_

CRN#: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Field Trip Date: \_\_\_\_\_

Field Trip Start and End Time: \_\_\_\_\_

Field Trip Location/Address: \_\_\_\_\_

Field Trip Cost (If Any): \_\_\_\_\_

Type of Transportation If Provided: \_\_\_\_\_

Services Requested:  ASL  Speech-to-Text

Number of Service Provider(s):  1  2

Special Notes: \_\_\_\_\_

Instructor:

Please indicate whether you have submitted the following documents:

Yes  No SDCCD Policy 3120 form titled "REQUEST/AUTHORIZATION TO CONDUCT OFF-CAMPUS STUDENT ACTIVITY"

Yes  No Form 3125 "Student Travel Permission, Release and Waiver" with the name of the above student(s).

Note: this request will not be approved unless these above documents are filed with the Dean's office.

Dean's Name: \_\_\_\_\_

\_\_\_\_\_  
 Instructor Signature

For more information, please contact campus DSPS counselor.

FOR ISO USE ONLY:

Job Number: \_\_\_\_\_

Service Provider(s): \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Counselor Initials

Provide copies of this form to: 1) Interpreting Services Office and 2) Student. The Counselor keeps the original.