



BIOLOGICAL SCIENCES CLASS TRIP SAFETY FORM

Description of Trip:

Course number and name: _____

Location(s) to be visited: _____

Date & Time leaving: _____ Date & Time expected back: _____

Contacts: (Please print)

Supervisor on Trip: _____ Phone: _____

Contact upon return: _____ Phone: _____

Approvals:

Course Faculty Signature: _____

Participants:

You may use your class list—verify the list on the day of the trip; Do not put M-Numbers on this form

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