



## <u>Permission for Field Trips for Educational Purposes</u>

Faculty			
Department			
Destination, description and purpose of the fieldtrip			
Date & time of departure		Date and time of arrival	
	Name	Department	Mobile No:.
Details of Lecturer's In-charge of the Tour			
List of Students (Attach)			
	Name	Reg. No.	Hall of Residence (if resident)
Recommendation of the He	ead/s		
Recommendation of the De	ean		
Approval of the Deputy Vice	e-Chancellor		

CC. 1) Proctor

2) Warden/s

3) Chief Medical Officer

4) Chief Marshal

5) Chief Security Officer