

MSPE Field Trip Cancellation Form

Field Trip Location (City, State): _____

Field Trip Date(s): _____

Note: You may incur a monetary penalty due to this cancellation.

I would like to cancel my participation from the field trip for the following reason (select one):

Course Conflict (enter additional information below)

Course (including section): _____

Explain conflict: _____

Illness (**Note:** Student must go to the McKinley Health Center and request a confirmation letter, which verifies their doctor's visit, and submit it along with this form.)

Personal Reasons (enter additional information below)

Explain conflict: _____

Printed Name (Last name, First Name): _____

Student's Signature: _____

Date: _____

For MSPE office use only:

Approved by:
MSPE Staff Signature: _____ Date: _____

Printed Name: _____

Valid Reason Invalid Reason Late Cancellation No Show

Comments: _____

