

Field Trip Report Form

Department of Construction Management and Engineering

Course Number		Course Instructor	
Course Title			
<i>Please document every field trip in each semester</i>		<input type="checkbox"/> Fall <input type="checkbox"/> Spring, Year 20_____	
Company			
Project			
Location			
Date			
Host Person(s)			
Number of Students			
Outline of Field Trip Activities			
Attachments	(Pictures, handouts, etc.)		

Date: _____

Signature: _____