



Sultan Qaboos University
College of Agricultural & Marine Sciences

Application for Student Field Trip in* /out Oman

* If overnight stay is required

1. Name of trip coordinator:.....
2. Department:.....
3. Phone:.....E-mail:.....
4. Objective of the trip:.....
.....
.....
5. Is the trip part of a course? Yes ☐ No ☐
5A- If yes, which course?.....
6. Does this trip require a repeat visit? Yes ☐ No ☐
6A- If yes, please specify the duration of the trip:
7. Date of the trip start:...../...../.....End:...../...../.....
8. Number of students:Males:.....Females:.....Total:.....
9. Number of supervisors:.....Males:.....Females:.....Total:.....

- Please ask female students to get Parents Permission Form from ADTCS office.
- Complete the table attached with students names and IDs.
- Attach program of the trip.
- This form should be submitted to the ADTCS office at least one week before the departure date.

Signature of trip coordinator:.....Date:...../...../.....
Signature of HoD:.....Date:...../...../.....
Signature of ADTCS:.....Date:...../...../.....

List of students applied for the field trip

No.	Student Name	ID