## CENTRAL PHILIPPINE UNIVERSITY Jaro Iloilo City

## Field Trip Report

	Date
Participating Class(es):	
Date of the Field Trip/Study Tour/Excursion:	
Departure Date:	Departure Time:
Arrival Date:	Arrival Time:
Place(s) Visited:	
Number of students/pupils who joined:	
Name of faculty/staff with the group:	
Objective(s) met:	
•	
2	
3	
Problem(s) encountered:	
Observations/Recommendations/Suggestions/Comments:	
	Submitted by:
	2.20
	Faculty Coordinator
	(Name & Signature)