

San Diego Community College District
Work Experience
Alternate Site Visit Request

Campus: <input type="checkbox"/> City <input type="checkbox"/> Mesa <input type="checkbox"/> Miramar
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Year:
Site Visit: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Both

COURSE INFORMATION

Request must be submitted and approved by Dean before semester Add/Drop Date	Course: <input type="checkbox"/> 270 <input type="checkbox"/> 272	CRN:	# Units:	
	Subject:		Assigned Instructor:	

STUDENT INFORMATION

Last Name:	First Name:	CSID:
Phone:	Email:	

ORGANIZATION INFORMATION

Company Name:		
Address:	City:	Zip:
Worksite Address: (If different than company address)	City:	Zip:
Supervisors Name:	Title:	
Phone:	Email:	

REQUESTED ALTERNATIVE

Mark all alternative site visit tools that will be used:

<input type="checkbox"/> Phone	<input type="checkbox"/> Partner with instructors from another college
<input type="checkbox"/> Email	<input type="checkbox"/> Other (provide detail below)
<input type="checkbox"/> Internet (Skype, Zoom, FaceTime, etc.)	

Other:

JUSTIFICATION

Provide rationale for selection and use of alternative site visit method(s):

APPROVAL SIGNATURES

Instructor's Name:	Instructor's Signature:	Date:
Work Experience Coordinator's Name:	Work Experience Coordinator's Signature:	Date:
Dean's Name:	Dean's Signature:	Date: