

**San Diego Community College District**  
**Work Experience**  
**Alternate Site Visit Request**

Campus:	City	Mesa	Miramar
Semester:	Fall	Spring	Summer
Year:			
Site Visit:	First	Second	Both

**COURSE INFORMATION**

<b>Request must be submitted and approved by Dean before semester Add/Drop Date</b>	Course:	270	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:

Phone	Partner with instructors from another college
Email	Other (provide detail below)
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: