



Los Angeles Mission College

Non-credit Program

13356 Eldridge Ave. Sylmar, CA 91342-3245

ADULT EDUCATION OFF-SITE CLASS REQUEST FORM

This Off-Site Class Request Form must be completed, approved and signed by the Principal (or designee) of the institution, the organization's representative and the supervising Program Director before an off-site class could be officially scheduled.

Organization	Organization Contact Person / Title
Address	LAMC Contact Person / Title Dennis Solares / Non-credit Program Director
City	Email Address solaredr@laccd.edu
Phone	Phone 818 364-7774

Fall Winter Spring Summer Year _____ Start ___/___/___ End ___/___/___

LAMC Use Only	CLASS REQUESTED				
Section No.	COURSE NAME	TIME	DAY	ROOM	NUMBER OF APPLICANTS

NOTES AND SPECIAL CONSIDERATIONS: (Include special needs or specific details that may impact scheduling)

- I acknowledge that the approval of these courses will be determined by the following requirements:
- A minimum of 35 enrollment applications
 - Match services by requesting organization (Books, childcare, building facilities)
 - Point of contact must be at location during service times (Applications, follow up, attendance)

Principal's Name Signature Date Organization representative Date

LAMC APPROVAL

Darlene Montes Dennis Solares
Dean of Academic Affairs Chair, Adult & Basic Education Department
Signature Signature

Date _____ Date _____ Date _____ Date _____
Chair Contacted ESC Submitted Instructor Assigned Sections Numbers given to location contact person Course posted on Website