



Los Angeles Mission College

Supplemental OFF-SITE Request

This form is a supplement to request additional classes OVER the 3 already submitted, via the electronic form. Once completed, please submit this form to the LAMC Dual Enrollment Program at: DualEnroll@lamission.edu, SUBJECT: *Off-Site Supplemental Request*

School Site: _____ School Site Contact: _____
(same as submitted on the online form)

Signature: _____ Date: _____

Term: Fall Winter Spring Summer Year: _____

- The online class request form has been submitted. The classes listed here are for additional classes.
- I have read and agree with all acknowledgements on the electronic form, including HS Principal approval.

CLASS(ES) REQUESTED

| COURSE NAME & # | # of classes | Term Weeks* | Modality** | DAY(S)*** | START TIME | END TIME |
|---|--|-------------|---------------------|-----------------|------------------|-------------------|
| SAMPLE: Dual Enroll 101 | 2 | 16 14 | In person Hybrid | MW W+ Online | 8:30am 1:30pm | 10:00am 3:00pm |
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| *16, 14, 8A or 8B weeks, Other **In person, Hybrid, Zoom, Online ***M, T, W, Th, F, MW, TTh, WF (if hybrid, include day "+online") | NOTES/SPECIAL CONSIDERATIONS (Include bell schedule details, special needs or specific details that may impact scheduling): | | | | | |

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LAMC USE ONLY

Received by: _____ Date: _____