

SANTA CLARA COUNTY ROP – SOUTH

NEW CLASS REQUEST

Course Name: _____

Instructor: _____

Location: _____

Semester: 1st _____ 2nd _____ Y _____ Summer _____

Start Date: _____ Stop Date: _____

Check One: On campus Lab Class CC CVE-CoOp

Days: _____ Minutes: _____

Start Time: _____ End Time: _____

a – g: _____ Credit: _____

(UC & CSU System)

(Elective or Subject Area)

Administrator Signature

Date

Site Specialist Signature

Date

Office use only

Class Number: _____ District: _____

Approved By: _____ Date Approved: _____