

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Academic Services
ALTERNATE INSTRUCTION CONTRACT (for "One-Student" Section)
(Must be Filled Out for any Overlap Beyond 15 Minutes)

SEMESTER _____ YEAR _____

STUDENT'S
FULL NAME _____

W # _____

OVERLAP COURSE 1: _____ OVERLAP COURSE 2: _____
Subject (e.g. PE 48) Section CRN Subject Section CRN

WHICH COURSE WILL YOU BE MISSING? COURSE 1 COURSE 2

TOTAL NUMBER OF HOURS PER WEEK STUDENT WILL BE RECEIVING ALTERNATE INSTRUCTION: _____
HOURS PER WEEK

LIST DAY(S)/HOURS WHEN MISSED TIME WILL BE MADE UP: DAY(S) _____ HOURS/TIMES _____

ALTERNATE INSTRUCTIONAL TOPICS (What are you teaching that is being made up?)

Description of what the student will be expected to do as an outcome of the topics:

Responsibilities assumed by the instructor (What commitments regarding homework, testing, grading, or additional outside-of-class time does the instructor make?)

ALTERNATE INSTRUCTION BEGIN DATE: _____ EXPECTED DATE OF COMPLETION: _____

FACULTY NAME (Please Print)

FACULTY SIGNATURE

DATE

STUDENT SIGNATURE

DATE

APPROVAL OF AGREEMENT:

DIVISION DEAN

DATE

VICE PRESIDENT, ACADEMIC SERVICES

DATE

ALTERNATE INSTRUCTION CRN:
Assigned by Office of
Academic Services
Any supporting documentation (i.e. Summary of Completed
Work) should be retained by the Division office.