

LONG BEACH COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES OFFICE

REQUEST TO TAKE A LOWER DIVISION CLASS
Tenured/Contract Personnel

Name _____ Position _____

Dept/Division _____ Ext _____ Date of Request _____

I request permission to take the following class: _____

Course Number _____ Units _____
Mark "S" (semester) "Q" (quarter)

College or University _____

Beginning Date _____ Date to be Completed _____

Briefly explain the reason for taking this class:

Employee's Signature

APPROVED BY:

Instructional Dean

Date

Vice President

Date

Associate V.P., Human Resources

Date

Please return form to the Human Resources Office.