



**San Diego Community College District
 ADDITIONAL FACULTY SERVICE AREA (FSA)
 APPLICATION FORM**

NAME (Please print) _____

EMPLOYEE ID NO. _____

RANK (Circle): ASSISTANT PROFESSOR ASSOCIATE PROFESSOR PROFESSOR
 CONTINUING EDUCATION INSTRUCTOR MANAGER SUPERVISOR

CURRENT DISCIPLINE: _____

INSTRUCTIONS: Please refer to the Minimum Qualifications Handbook for Faculty and Administrators in California Community Colleges available on the Employment website at <https://www.sdccdjobs.com>. The MQs were developed by the State Board of Governors and adopted by our District Board of Trustees. The MQ Handbook will help you determine if you meet the minimum requirements in the discipline. Note: The FSA you apply for must currently be available in our District. All degrees submitted as supporting documentation must be received from accredited institutions. The completed FSA application form with supporting documentation must be submitted to the Human Resources-Employment Office no later than **FRIDAY, NOVEMBER 15, 2019**

I. Please indicate the additional FSA for which you are applying (one discipline per application):

II. DISCIPLINES REQUIRING THE MASTER'S DEGREE

1. MASTER'S DEGREE: Do you have a Master's degree? Yes No

If yes, list the discipline _____

2. BACHELOR'S DEGREE: List discipline _____

3. LICENSES: _____

III. DISCIPLINES IN WHICH THE MASTER'S DEGREE IS NOT GENERALLY EXPECTED OR AVAILABLE

A. BACHELOR'S DEGREE: List discipline _____

- AND -

Two (2) years related occupational experience? Yes No

Dates From	Dates To	Firm Name & Address	Position Title	Duties

- OR -

B. ASSOCIATE DEGREE: List discipline _____

- AND -

Six (6) years related occupational experience? Yes No

Dates From	Dates To	Firm Name & Address	Position Title	Duties

IV. CREDENTIAL (excluding limited service and provisional)

NOTE: The credentials that have been registered in the San Diego Community College District were utilized in assigning the FSA(s) listed in your letter. If you have a credential that you have not registered, please send a copy of that credential so that an FSA can be assigned. Please list any credentials you have that you wish to be assigned an FSA.

Credential type: _____

Subject Matter Area: _____

Expiration Date: _____

You retain the right to serve under the terms of that credential until it expires; thereafter, you must meet the current minimum qualifications as stated in the "Minimum Qualifications (for Faculty and Administrators) in California Community Colleges" booklet available from the Employment Website at <https://www.sdccdjobs.com>

V. EQUIVALENCY

If you do not meet the minimum qualification requirements for a specific FSA, do you possess minimum qualifications, which you believe to be the equivalent, and do you request that your enclosed evidence be evaluated?

YES NO

NOTE: If you are claiming qualifications that you believe to meet the equivalent minimum qualifications for an FSA you must attach **CONCLUSIVE EVIDENCE** to support the equivalence.

Criteria for equivalence:

A. The general education required for a Master's degree (for those applying for a discipline for which a Master's is required) **OR** a Bachelor's degree **OR** an Associate degree.

AND

B. Coursework, which meets the requirements for a degree in the major discipline.

You must present conclusive evidence, which meets the requirements of both A and B above.

Documentation/evidence for ascertaining equivalency includes:

1. A transcript showing that appropriate courses were successfully completed at a regionally accredited college or university [NOTE: Foreign degrees - please select "Foreign Degree Evaluation Information" on our website (<https://www.sdccdjobs.com>) for more information.]
2. A list of publications/work products that show a command of the major in question and required writing skill.
3. Work experience that demonstrates a command of the major or occupation in question.

Signature

Date