ADDITIONAL FACULTY SERVICE AREA (FSA) APPLICATION FORM

NAME	(Please pri	nt)	EMPLOYEE ID NO					
RANK		ASSISTANT PROFESSOR CONTINUING EDU	ASSOCIATE PRO JCATION INSTRUCTOR		PROFES ANAGER	SOR SUPERVISOR		
CURRE	NT DISCI	PLINE:						
Commu the Sta you me District FSA ap	unity Coll te Board eet the n . All degr plication	leges available on the Emp of Governors and adopted ninimum requirements in ees submitted as supportin	oloyment website at					

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Dates	Dates	Firm Name & Address	Position Title	Duties					
From	То								
			<u> </u>						
V.	CREDENTIAL (excluding limited service and provisional) NOTE: The credentials that have been registered in the San Diego Community College District were utilized assigning the FSA(s) listed in your letter. If you have a credential that you have not registered, please send a cop 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:								
	current	minimum qualifications	as stated in the "Min	redential until it expires; thereafte mum Qualifications (for Faculty a e Employment Website at <a (<a="" degree="" evaluation="" foreign="" href="https://www.sdccdjobs.com" 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.								
ignatu	re			Date					

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