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| *Feather River Community College District*PROFESSIONAL ADVANCEMENT FOR FACULTYAlternative Methods Application |
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| **Name** | **Discipline** | **Application Date** |

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| 1. **CHECK THE CATEGORY FOR WHICH YOU ARE APPLYING, CONSISTENT WITH THE CBA**:

[ ]  1. Coursework from an accredited institution [ ]  2. Training for certification/licensure[ ]  3. Conferences and workshops (AF only) [ ]  4. Activities contributing to breadth/depth |
| 1. **PLEASE ATTACH A BRIEF EXPLANATION FOR EACH OF THE FOLLOWING SIX CATEGORIES:**
2. Describe in detail how your proposal fits the category for which you are applying.
3. Goals or objectives
4. Expected outcomes – include how this program enhances and augments your self- improvement.
5. Your procedures
6. Your time plan for the program in detail.
7. How your program is related to classroom instruction
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| **C. METHOD OF VALIDATION (Attach brief explanation):** 1. Explain how you plan to document the outcome. 2. A report of the project’s results with documentation including a work and time schedule and scholarly report, has been or will be submitted. *(Upon completion of this responsibility, this validation will be approved by the Director of Human Resources.)*1. **NO. UNITS/HOURS (circle one) APPLIED FOR**      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Must comply with faculty contract Applicant’s Signature Date & appropriate collective bargaining agreement) |
| COMMITTEE RECOMMENDATIONRecommended [ ]  YesNot Recommended [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Committee Chair Date |
| [ ]  1. Approved for \_\_\_\_ units/hours (circle one) [ ]  This approval includes retroactive credit of \_\_\_\_\_ units/hours[ ]  2. Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Dean of Instruction Date  |
| **Attention: HUMAN RESOURCES, Feather River College**Please adjust personnel records to reflect      additional units for the person listed above.This adjustment includes retroactive credit of \_\_\_\_\_ units. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Director of Human Resources Date |