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| *Feather River Community College District*  PROFESSIONAL ADVANCEMENT FOR FACULTY  Alternative Methods Application |
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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 |
| **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 RECOMMENDATION  Recommended  Yes  Not 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 |