

## FACULTY MINIMUM QUALIFICATIONS DISCIPLINE WHERE A MASTER'S DEGREE IS NOT GENERALLY EXPECTED/AVAILABLE

|   |  | Instructo              | r's Name:   |
|---|--|------------------------|---|
|   |  | Discipline             | 2:  |
| Minimum Qualifications has<br>See Minimum Qualifications, O | ve been met (check one):<br>Chancellor's Office (www.ccco.edu) |                        |   |
| a.   BA/2 - Possession                                      | of a bachelor's degree plus 2 ye                               | ears of directly rela  | ted, professional experience.                             |
| b.   AA/6 in 10 - Poss                                      | session of an associate degree                                 | and 6 years of dire    | ectly related, professional experience within the last 10 |
| years.  |  |                        |   |
| c. 🗆 CLC - California (                                     | Community College Life Creder                                  | ntial in the disciplin | ne of assignment.   |
| BASIS FOR QUALIFICAT  | ION  |                        |   |
| Degrees (Foreign degrees mu                                 | ist be translated by an approved NACE                          | S agencies.)           |   |
| Degree:   |  | Discipline:            |   |
| Date Awarded:   |  | Institution:           |   |
| Degree:   |  | Discipline:            |   |
| Date Awarded:   |  | Institution:           |   |
| Coursework  |  |                        |   |
| Institution:  |  |                        | Units:  |
| Discipline:   |  |                        |   |
| Institution:  |  |                        | Units:  |
| Discipline:   |  |                        |   |
| Licensure   |  |                        |   |
| License:  |  |                        | Dates Valid:  |
| Licensing Agency:   |  |                        |   |
| Directly Related Profess                                    |  |                        |   |
| Job Title:  | -  | Employer:              |   |
| Years of Service:   |  |                        | Official written verification attached:                   |
| California Community  | College Life Credential  |                        |   |
| Date Issued:  |  | Discipline:            |   |
| CERTIFICATION   |  |                        |   |
| Area Dean or Administrator:                                 |  |                        | Date:   |
| rica Bean of Administrator.                                 | Signature  |                        | Buo.  |
|   |  |                        |   |
|   | Print Name   |                        |   |
| Appropriate Vice President:                                 |  |                        | Date:   |
|   | Signature  |                        |   |
|   | Print Name   |                        |   |
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