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| solid_logo | **Faculty Service Area (FSA) Form** |

*Use the form below to revise or to indicate that no changes are necessary for an existing FSA. This form may also be used to establish a new FSA.* ***At minimum, an FSA must include the*** [***minimum qualifications***](https://www.cccco.edu/-/media/CCCCO-Website/About-Us/Divisions/Educational-Services-and-Support/Academic-Affairs/What-we-do/Curriculum-and-Instruction-Unit/Minimum-Qualifications/cccco-2021-report-min-qualifications-a11y.pdf?la=en&hash=AB424D9D2AEDEEBE2A54757BF58ABFC2B852A2F9) ***for the associated discipline.*** *Please remember the first item has to be the state guidelines and cannot be altered. Submit the form to the Faculty Service Areas Committee Chair, Ben Mudgett, when complete via email to bmudgett@palomar.edu*.

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| **Department:** | | |
| **Faculty Service Area:** | | |
| **No changes to FSA necessary □** | **Changes to FSA requested □** | **New FSA requested □** |
| **Current FSA:** Enter [current FSA language](https://www2.palomar.edu/pages/facultysenate/files/2021/08/Board-Approved-Discipline-FSA-All-8_16_21.pdf) for the discipline. | | |
| **Changes to FSA or New FSA:** For an *existing* FSA, enter the revised FSA competencies below. For a *new* FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. | | |
| **Form completed by: Date submitted:** | | |

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| **FACULTY SERVICE AREAS COMMITTEE USE ONLY** | | |
| **Approved □** | **Denied □** | **Date of decision:** |
| **Reason for denial of request, if applicable:** | | |