



## 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 for the associated discipline.** The list of established disciplines and corresponding minimum qualifications is available [here](#). 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, Jason Jarvinen, when complete via email to [jjarvinen@palomar.edu](mailto:jjarvinen@palomar.edu).

|   |  |   |
|---|--|---|
| <b>Department:</b>  |  |   |
| <b>Faculty Service Area:</b>  |  |   |
| <b>No changes to FSA necessary</b> <input type="checkbox"/>   | <b>Changes to FSA requested</b> <input type="checkbox"/> | <b>New FSA requested</b> <input type="checkbox"/> |
| <b>Current FSA:</b> Enter current FSA language for the discipline. You may reference current FSAs <a href="#">here</a> . Archived 2017 FSAs are located <a href="#">here</a> .                                  |  |   |
| <b>Changes to FSA or New FSA:</b> For an <i>existing</i> FSA, enter the revised FSA competencies below. For a <i>new</i> FSA, enter the competencies for the new FSA below. Attach additional sheets if needed. |  |   |
| <b>Form completed by:</b>   |  | <b>Date submitted:</b>                            |

| FACULTY SERVICE AREAS COMMITTEE USE ONLY            |  |                          |
|---|--|--------------------------|
| <b>Approved</b> <input type="checkbox"/>            | <b>Denied</b> <input type="checkbox"/> | <b>Date of decision:</b> |
| <b>Reason for denial of request, if applicable:</b> |  |                          |