PORTLAND COMMUNITY COLLEGE

INSTRUCTOR APPROVAL FORM

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Instructor/Applicant Name Subject Area (Prefix) ID #

* All courses in the Subject Area
* Selected courses in the Subject Area (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **LOWER DIVISION COLLEGE TRANSFER** | **CAREER & TECHNICAL EDUCATION** |
| ○ Master's degree in subject area. | ○ Master's degree in subject area and 3 years recent, full-time, non-teaching experience in the field. |
| ○ Master's degree in related area plus 30 quarter hours graduate credit in subject area. | ○ Master's degree in related area plus 30 quarter hours credit in upper-division coursework in subject area, and 3 years’ recent, full-time, non-teaching work experience in the field. |
| ○ Demonstrated competency in field. (Supportive documentation must be attached to this form.) | ○ Bachelor's degree in subject area and 4 years recent, full-time, non-teaching work experience in the field. |
| DEVELOPMENTAL EDUCATION | ○ Bachelor's degree in related area, plus 30 quarter hours credit in upper-division course work in the subject area, plus 4 years recent, full-time, non-teaching work experience in the field. |
| ○ Master's degree in appropriate educational field and recent experience working with disadvantaged students. |
| ○ Demonstrated competency in field. (Supportive documentation must be attached to this form.)  | ○ AAS degree in career or technical field or in the subject area, whichever is more appropriate plus 5 years recent, full-time, non- teaching work experience in the field. |
| ○ Approval is provisional. Supportive documentation must be attached to this form.Valid for one year from approval date. | ○ Demonstrated competency and/or qualifications set by licensing organization in the field. (Supportive documentation must be attached to this form). |
|    |  **Related Instruction:**○ Qualified for embedded related instruction in computation, communication and/or human relations within program courses as identified above  |

AODocs PASS APPROVERS:

Program Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Pathway Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dean of Academic Affairs (*Review Only*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VP of Academic Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Final Receiver HRIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Provisional Approval and Demonstrated Competency, the Dean of Academic Affairs reviews the request and the Vice President of Academic Affairs approves.*