APPENDIX M
AGENCY EDUCATION FORM
(Article 37 – Contract Education)
Foothill-De Anza Community College District

Name of Contracting Agency ___________________________________________________________

Contract year 20____/20____

Agency Contact Person:_____________________________Phone # ______________________________

Responsible Administrator: ________________________ Ext. _________________________________

Supervising Instructor: ___________________________ Ext. _________________________________

Program Title: ___________________________________ Date of Implementation:__________________

Dollar Amount of Contract: ________________

Is the Contract Scheduled for Board Approval?    Yes_______No______  Proposed Date:_______________

Facilities

Are facilities available on campus to support this program?    Yes_____No____

If yes, why are they not being used for this program? (i.e., Are facilities available but they are currently
being fully utilized?)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If no, are specialized facilities required? Please describe:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Faculty

Are there full-time faculty or part-time faculty with re-employment preference who are available and qualified
to support this contract?

Yes_____No_________
Name(s) of Division Dean(s) contacted: ________________________________________________________

Explain:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

What are the names of the faculty that are being provided by the agency to support this contract, and does the faculty member meet minimum qualifications for the discipline?

Faculty Name(s)_________________________ Highest Degree Held: _______ Min Quals. _______ Equiv.

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Faculty Name(s)_________________________ Highest Degree Held: _______ Min Quals. _______ Equiv.

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Faculty Name(s)_________________________ Highest Degree Held: _______ Min Quals. _______ Equiv.

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Faculty Name(s)_________________________ Highest Degree Held: _______ Min Quals. _______ Equiv.

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Faculty Name(s)_________________________ Highest Degree Held: _______ Min Quals. _______ Equiv.

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Comments:________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Curriculum

List the courses being offered under this contract:
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
Have these courses been approved by the standard campus approval process?

Yes ______ No ______ Date: ______

Have these courses/programs been reviewed by division/department faculty?

Yes ______ No ______

How is the course being publicized to allow for open enrollment?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Support Services/Materials

What support services/materials are required to offer this course/program?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Are these support services/materials available in the District? Explain.
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Conclusion

Which of the above criteria or additional criteria support the necessity/advisability of offering this program through Agency Education Contracts?
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Please complete this form and attach a copy of the contract, course syllabus, curriculum sheets and other information that would provide helpful information in any of the above areas.

Signature of Person Completing Form  ________________________________

Ext. ______ Date ___________