

**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: \_\_\_\_\_

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?)

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If no, are specialized facilities required? Please describe:

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**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. \_\_\_\_\_

Faculty Name(s) \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_ Min Quals. \_\_\_\_\_ Equiv. \_\_\_\_\_

Faculty Name(s) \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_ Min Quals. \_\_\_\_\_ Equiv. \_\_\_\_\_

Faculty Name(s) \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_ Min Quals. \_\_\_\_\_ Equiv. \_\_\_\_\_

Faculty Name(s) \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_ Min Quals. \_\_\_\_\_ Equiv. \_\_\_\_\_

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?

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**Support Services/Materials**

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

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

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**Conclusion**

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

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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 \_\_\_\_\_