

Appendix M: Faculty Exchange Cover Form



Submission Date: _____

Review Date: _____

FACULTY EXCHANGE PROGRAM APPLICATION COVER FORM AND GUIDELINES

Refer to *The Faculty Personnel Policy Statement (FPPS)*, Article VII C, for provisions of the Faculty Exchange Program.

I. Pima Community College Faculty Name: _____ Campus: _____ Division/Dept.: _____ Date of Hire: _____	Visiting Faculty Name: _____ Exchanging Institution: _____ Years of Experience in Area: _____ Teaching Area: _____ <div style="text-align: right; font-size: small;">(Be specific)</div>
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II. Benefit of Exchange to Pima College and the Exchanging Institution.
(Please summarize in one paragraph on a separate sheet of paper.)

III. Documentation that supports the visiting (exchange) Faculty member's ability to assume Pima Community College duties: *(The visiting Faculty member must be qualified to assume the duties and responsibilities of the Pima College faculty member. Please review the PCC Faculty Job Descriptions in the FPPS Appendix H.)* Summarize the qualifications that demonstrate the visiting Faculty member's ability to assume the duties of a Faculty member at Pima.

2. Attach a current resume highlighting the areas in which the visiting Faculty member is qualified and prefers to teach or provide educational support services.
3. Also attach (if appropriate) letters of recommendation, certifications, publications in the field, videotapes and other information that demonstrate the visiting faculty member's ability to assume the duties of a Pima College Faculty member.

➤ **Statement of Support from Pima faculty member's Supervising Administrator.** *(Please attach a signed statement of support that includes any relevant comments.)*

GUIDELINES:

- Contact and arrangements with exchanging institution are the responsibility of the applicant.
- Travel and Housing arrangements and expenses are the responsibility of the applicant. *(Faculty Professional Enrichment Funds may be applied toward Expenses; see FPPS Article IV C.)*
- The applicant should consult with the Benefits Analyst, Human Resources (206-4945) regarding insurance coverage prior to the exchange.

Applicant's Signature: _____ Date _____

Department Chair's Signature: _____ Date _____

Supervising Administrator's Signature: _____ Date _____

Campus President's Signature: _____ Date _____
(Signifies his/her review and recommendation)