



Faculty Credential Action Plan

Faculty Agreement

TO: Provost/Vice President for Academic Affairs

I have evaluated the action plan of _____, faculty member in the Department of _____.

Progress Report Date:

Anticipated Completion Date:

Brief Summary: *(Attach supporting documents)*

Signatures indicate agreement with the plan of action developed to bring the credentials of the above named faculty member in compliance with the established guidelines found in the *Del Mar College Guidelines and Standards for Documentation of Faculty Credentials*.

Faculty Member

Date

Department Chair

Date

Division Dean

Date

Provost/Vice President for Academic Affairs

Date