

Faculty Credential Certification

Name _____ Last 4 digits SSN _____

Department _____ Dean Area _____ Full Time Adjunct

Credentials

Degree _____ Institution _____ Field of Study _____

Degree _____ Institution _____ Field of Study _____

Degree _____ Institution _____ Field of Study _____

Degree _____ Institution _____ Field of Study _____

Workforce Only: Number of years of direct or related work experience other than teaching _____

Teaching Field

Teaching Field _____ # of Graduate Hrs _____

Teaching Field _____ # of Graduate Hrs _____

Teaching Field _____ # of Graduate Hrs _____

Skills Instructor** Yes No

If yes, credential documents must be attached. (Refer to document list below.)

Certification

Meets SACS Criteria For Teaching field.

Meets SACS Criteria By Exception** **The following Documents are attached:**

Document List

- | | |
|--|--|
| <input type="checkbox"/> Letter from employer | <input type="checkbox"/> Letter from satisfied client/customer |
| <input type="checkbox"/> Proof of awards/commendations | <input type="checkbox"/> Copies of flyers from performances |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Proof of commitment |
| <input type="checkbox"/> License/certificates | <input type="checkbox"/> Others |

Department Chair Date

Dean Date

**AVP signature required Date