

FACULTY CREDENTIALING VERIFICATION

DIRECTIONS: Please type all identifying information and responses on this form.

Faculty Name:		Division/Department/Program:	
Degree Type :		Discipline Area:	
Date Degree Awarded:		Institution Name:	
Directions: List all courses relevant to	o the disciplin	ne area.	
Course Prefix and Course Number			Credit Hours Earned

Notes:

Degree type and date awarded should be verified on the accompanying transcripts. Unofficial transcripts are not acceptable.

Degrees from international institutions require evaluation by an external evaluation agency that must be completed prior to employment start date.

Is each degree/credit granting institution regionally accredited?	
lf no, explain.	

____ No

____Yes

List any related work experiences in the field, professional licensures and certifications, and other required credentialing documentation for this faculty applicant:

Applicant is credentialed based on academic preparation to teach the following courses: (Provide a complete list of courses relevant to the University's course inventory)

Course Prefix and Course Number	Course Name/Title	Credit Hours Earned

CERTIFICATION

The reviewer certifies by signature below that all information provided on this form is correct and accurate to the best of his/her knowledge.

Division/Department Chair's Name (print):
Division/Department Chair's Signature:
Date of Assessment and Evaluation:
Vice Chancellor for Academic Affairs' Name (print): Vice Chancellor for Academic Affairs' Signature: Date of Assessment and Evaluation:

Please forward copies of the completed form and attachments to the Office of Human Resources.