

Is each degree/credit granting institution regionally accredited? ___ Yes ___ No

If no, explain.

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

Have **official** transcripts, professional licensures, certifications, employment letters, and other required credentialing documentation been received/attached? ___ Yes ___ No If no, explain.

Has external transcript evaluation (if required) been completed/attached? ___ Yes ___ No

If no, explain.

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 |
|---------------------------------|-------------------|---------------------|
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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.