

Certification of Credentials and Qualifications for Faculty Appointment

The following form is used to summarize the qualifications for faculty appointments. All degrees related to appointments must be from an institution accredited by SACSCOC or an equivalent recognized regional accrediting agency. **Before** an offer letter is prepared, this form **must be approved by the Department Head**. In order to list majors, minors, and/or concentration, these disciplines must be identified on the Adjunct's transcript. Majors, minors, and/or concentrations must be in the **teaching discipline or a closely related field**.

| | |
|-------------------------------------|--|
| Name of Faculty: | |
| Faculty Position: | |
| Department: | |
| Prefix, number, and section: | |
| Title of Course: | |

Education Information:

| | Doctorate | Masters | Bachelors |
|--|------------------|----------------|------------------|
| Name of University | | | |
| Degree | | | |
| Date Awarded/Conferred | | | |
| Major | | | |
| Minor/Concentration | | | |
| # Graduate SCH in Teaching Discipline | | | |

Note: For Undergraduate courses, a Master's Degree WITH a minimum of 18 Graduate SCH are requested in the teaching discipline. For Graduate courses, a TERMINAL degree in the teaching field is requested.

***Justifications are noted for each course taught in the matrix below**

Circle the appropriate justification:

1. The faculty will be teaching at lower, upper, graduate or doctoral level(s). Highest earned degree in teaching discipline is: _____
2. The faculty is justified for teaching as noted in the matrix of relevant qualifications versus course outcomes summarized for each course taught by the Adjunct. (If this is circled, please complete page 2)
3. The faculty will be teaching courses that are not designed to count as credit toward a baccalaureate degree. The faculty possesses a bachelor's degree in the teaching discipline or an associate's degree with demonstrated competencies in the teaching discipline as noted in the matrix for each course taught. (If this is circled, please complete page 2)

Official transcripts must be provided prior to offer to verify credentials

Signature of Department Head Date

Signature of Dean Date

Signature of AVP, CAFA Date

Certification of Credentials and Qualifications for Faculty Appointment
Matrix of Relevant Qualifications vs. Course Outcomes
 (To be completed, by the Department Head, when item 2 or 3 is selected)

| | | | | | |
|---|---|---|---|---|--------------------------------|
| Based on Master Course Syllabus with Approval Date of: | | <u>Faculty Position</u> | | | |
| Course Subject, Course Number, and Title | Expected Course and Student Learning Outcomes: | Relevant Qualifications | | | |
| | <i>The student will:</i> | <i>Related Graduate Coursework Name of University, Course Subject, Number, Title, SCH Award</i> | <i>Related Licensures, Certifications, Recognitions, Honors, and Awards</i> | <i>Professional Consulting, Presentations, and Publications</i> | <i>Related Work Experience</i> |
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Certified

Approved

Signature of Department Head

Date

Signature of Dean

Date

Approved

Signature of AVP, CAFA

Date