

The University of North Carolina at Charlotte

Charlotte, NC 28223-0001

**Exceptions to the *Criteria for Accreditation* of the Commission on Colleges of the Southern Association of Colleges and Schools**

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| **Faculty Member Name** |        | **UNCC ID:** |        |
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| **Faculty Member Title** |        | **Academic Semester and Year** |       |
|  |
| **College:** |       | **Department:**  |       |
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| **Check the Appropriate Box:** | ***Full Time:*** |  [ ]  | ***Part Time***: |  Initial Appointment [ ]  | Reappointment [ ]  |

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| **Teaching Responsibilities:** (*List Title of Course, Course # and Section #s)* |
| *Title of Course* |       | *Course #* |       | *Section #*s |       |

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|  **Academic Credentials:** *List highest degree, discipline, institution awarding degree, graduate semester hours in teaching field* |
|       |

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| **Relationship of Course Objectives to Competencies:** *Competencies include related work experiences in the field, licensure and certifications, honors and awards, excellence in teaching, research, or other*  |
| **Course Objectives and/or Catalog Description** | **Competencies** |
|       |       |
| *If additional space is needed please attach separate pages.* |

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| ***Attach original supporting documentation verifying teaching qualifications that are summarized above.*** |

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| Department Chair: |  |  |       |  |       |
|  |  Signature |  | (Print Name) |  | Date |
| Dean: |  |  |       |  |       |
|  |  Signature |  | (Print Name) |  | Date |
| Approval by Senior Associate Provost: |  |  |  |
|  | Signature |  | Date |