VERIFICATION OF ACADEMIC CREDENTIALS AND WORK EXPERIENCE

FOR FULL-TIME AND PART TIME FACULTY

*Instructions: Please complete sections I., II. III., and IV. prior to extending a formal offer of employment.*

|  |  |
| --- | --- |
|  | meets the criterion for teaching as outlined below. |
| (New Faculty Member’s Name) |  |

I. ACADEMIC CREDENTIAL REQUIREMENTS

For Tenure Track faculty appointments:

* Terminal degree, usually the earned doctorate, in the teaching discipline

|  |
| --- |
|  |

* If terminal degree in process, expected date of degree completion:

For Lecturers and Part-Time faculty who will teach courses at the *graduate* level:

* Terminal degree, usually the earned doctorate, in the teaching discipline or a related discipline, AND APPOINTMENT TO THE GRADUATE FACULTY

For Lecturers and Part-Time faculty who will teach courses at the *undergraduate* level only:

* Master’s degree in the teaching discipline, or
* Master’s degree in related discipline PLUS eighteen graduate semester hours in the teaching discipline

If faculty member does not hold the appropriate academic degree, but meets the criterion based on exceptional professional experience, check item C below and complete the Form AA-21.

II. VERIFICATION OF ACADEMIC CREDENTIALS

Information was verified by the following:

|  |
| --- |
|  |

1. I reviewed the attached original transcript from a regionally accredited institution. A second, independent verification of the transcript will be processed by Academic Affairs.

|  |
| --- |
|  |

1. I received and reviewed the attached original WES verification from the faculty member whose highest earned degree is from a foreign university or non-regionally accredited institution.

|  |
| --- |
|  |

1. I received evidence of alternative credentials based on exceptional professional experience. An AA-21 and supporting evidence are attached.

III. VERIFICATION OF WORK EXPERIENCE

Previous work experience was verified by telephone, face-to-face or by written correspondence (indicate below and attach documentation).

|  |
| --- |
|  |

# IV. APPROVALS

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Form Completed By) |  | (Date) |
|  |  |  |
| (Signature of Department Chair) |  | (Date) |
|  |  |  |
| (Signature of Dean) |  | (Date) |