DOCUMENTATION OF QUALIFICATIONS FOR A FULL-TIME OR PART-TIME FACULTY APPOINTMENT

Faculty Member's Name:			
Status/Rank/Title:			
Department/College:			
Teaching Discipline: Course Assignments or Level of Instruction: (attach the syllabus for each course listed)			
Qualifications (check all that apply):			
Undergraduate and Graduate degrees - List degr	ees		
Related Work experience			
Professional licensure and certifications Honors and Awards			
Continuous documented excellence in teaching Additional demonstrated competencies and achievements Detailed description of qualifications (attach copies of licenses, certificates, etc.):			
APPROVALS:			
Department Head/Director Signature	Date:		
Dean's Signature	Date:		
Return this form and supporting supporting document	s to Vickie Adkison in Faculty Records		
after dean's signature. Transcripts and CV will be attached and forwarded to the Assistant			
Provost and SACSCOC Liasion for final review.			
SACSCOC Liaison Signature	Date:		