This form is to be completed by the Chair and approved by the Dean for each faculty/adjunct/GTA hired. Include this form and faculty transcripts in the hiring packet forwarded to the Provost office. This form is available on the Academic Affairs website.

DOCUMENTATION OF QUALIFICATIONS
FOR A FULL -TIME (FT) OR PART-TIME (PT) FACULTY APPOINTMENT

Date _____ Faculty Member Name _____

Status (check one) ☐ Full time ☐ Part time ☐ Adjunct (not GTA) _____

Rank (tenure track only): _____ Begin Date: _____

Dept _____ College _____ Teaching Discipline: _____

If hiring a GTA assistant, list the Instructor of Record for each course:

Name Last, First Course Assigned (e.g. ACCT 1301) Section

Qualifications

The following information must be filled in for all graduate degrees:

Note: 'Issued to Student' transcript does not qualify as original, SACSCOC approved transcript.

Graduate Degrees

Name of Degree: _____ University Granting: _____ Location of University: _____ Field of Study: _____ (Name of field as it appears on transcript) Official transcript received? Y N Copy of diploma received? Y N CIP Code: _ _	
Name of Degree: _____ University Granting: _____ Location of University: _____ Field of Study: _____ (Name of field as it appears on transcript) Official transcript received? Y N Copy of diploma received? Y N CIP Code: _ _	Name of Degree: _____ University Granting: _____ Location of University: _____ Field of Study: _____ (Name of field as it appears on transcript) Official transcript received? Y N Copy of diploma received? Y N CIP Code: _ _

Credentials: The faculty member is qualified to teach in the discipline (check one):

- ☐ Has graduate degree with 18 graduate hours in the discipline
- ☐ Has a Master's degree in the discipline
- ☐ Has 18 graduate hours in the discipline (GTAs only)
- ☐ Has graduate degree
- ☐ Other (Dean or Chair approval of the credentials of the faculty member)
  - ☐ Work experience
  - ☐ Certification
  - ☐ Exam in discipline
  - ☐ Honors & Awards
  - ☐ Publication

____ Faculty Member Vitae Included

APPROVALS:

Dept Chair _____ Date _____

Date _____ Date _____

SACSCOC Liaison _ Date _____

Provost _____ Date _____

(This document and the corresponding original transcripts remain in the Office of the Provost for SACSCOC accreditation purposes)