

**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 degrees

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 documents to Charlene Davenport in Faculty Records after dean's signature. Transcripts and CV will be attached and forwarded to the SACSCOC Liaison for final review.

SACSCOC Liaison Signature

Date: