



# Credential Certification Form

## Instructor Information

Instructor Name \_\_\_\_\_ SSN \_\_\_\_\_

Department \_\_\_\_\_  Full-time  Academic Programs  
 Part-time  Workforce Programs

List degree(s) in order earned

Year _____	Major Field _____	Degree _____	Institution _____
Year _____	Major Field _____	Degree _____	Institution _____
Year _____	Major Field _____	Degree _____	Institution _____
Year _____	Major Field _____	Degree _____	Institution _____

Primary Teaching Field \_\_\_\_\_ No. of Graduate Hrs. \_\_\_\_\_

Secondary Teaching Field \_\_\_\_\_ No. of Graduate Hrs. \_\_\_\_\_

**WORKFORCE ONLY:** Number of years of related industry experience \_\_\_\_\_

## Official Transcript Documentation

- Official Transcript Attached – Highlight all courses in teaching field considered to meet the criteria for faculty credentials, as defined by SACS.
- Official Transcript Not Attached – Instructor has been directed to submit official transcript(s) to the Office of Human Resources. (Official Transcript must be received in HR prior to instructor being offered a course for the next semester.)
- Official Transcript Not Required – SACS does not require a degree to teach in this program.

## Certification

- Meets Criteria for primary field
- Meets criteria for secondary field
- Meets Criteria by Exception: Written justification documenting exemption must be attached.

_____ Program Coordinator/Task Force Chair	_____ Date	_____ Dean	_____ Date
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