

Certification of Credentials for Instruction
(Faculty member MUST meet SACSCOC guidelines)

Faculty Name: _____ Full Time Part Time

Area: _____ Date of Employment _____

Official Transcript on File: yes no

Certificate: _____ From: _____

Associate Degree: _____ From: _____

Bachelor's Degree: _____ From: _____

Master's Degree: _____ From: _____

Doctorate Degree: _____ From: _____

List the Course Numbers, Name of Courses, and # of Hours for Teaching Area:

Course Number and Name	# Hrs.
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Signature of Division Chair	Date
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Approval by VP of Instruction	Date
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RETURN COMPLETED FORM TO SACSCOC LIAISON

Completed form will be housed in the Office of Human Resources