

SECTION III: COURSE(S) TO BE INSTRUCTED (Prefix and Course Number)

SECTION IV: OTHER QUALIFICATIONS TO BE CONSIDERED

Please check all other qualifications that apply to the discipline and should be considered for credential certification at the level requested. Attach a short narrative listing specific details of each

Exceptional professional experience

Special training

Awards and honors

I verify that the following are attached: 1) Current Vita; 2) Original Transcripts of the Two Highest Degrees **NO COPIES:** and/or 3) Recommend a Graduate Faculty appointment (if applicable).

Office of the Provost Use Only

Current Vita Transcripts

I have read the Faculty Credential Categories and propose the following degree category for this faculty member.

Category Dean's Signature Date _____

FACULTY CREDENTIAL CATEGORIES

A: Levels 000-999