



Name:	Department:	<input type="checkbox"/> Full Time <input type="checkbox"/> Adjunct
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Section I: QUALIFICATIONS FOR STANDARD CASE

ANTICIPATED TEACHING ASSIGNMENTS (current or future)

Discipline	Course Number	Course Title

Academic Qualifications

EDUCATION – List ALL earned Academic Degrees earned

Year	Major	Degree	Institution

Primary Teaching Field:	No. graduate hours in field:
Secondary Teaching Field:	No. graduate hours in field:

Professional Licensures and/or Certifications

(if required by program)

Title/Name	Awarding Agency	Year

If faculty qualifications for teaching courses in the target discipline at the desired level cannot be established with the HLC standards, an exceptional case must be detailed in Section II of this form. If the standard has been met, skip to Section III.

Section II: QUALIFICATIONS FOR EXCEPTIONAL CASE

Graduate Semester Hours Earned in the Teaching Discipline

Course Number	Course Title	Degree Level (Master's or Doctorate)

Teaching Experience in the Discipline			
Course Information	Graduate Level	Semester/Year	Institution

Professional Experience in the Discipline		
Location	Title	Year

Other Relevant Qualifications (Research, Activities, Awards, Grants, etc.) in the Discipline:

Section III: APPROVALS

Documentation

	Official Transcript attached. Highlight courses in teaching field considered to meet the criteria for faculty credentials as defined by HLC.
	Unofficial Transcript attached. Faculty member has been informed to request and submit all official transcripts to the Office of Academic Affairs.
	License and /or certifications, if required by program, are attached.
	Documentation is attached clearly describing the relationship between other qualifications and the course content and/or expected outcomes of the course assigned.

Approval of Academic Credentials

	Masters and/or Doctoral degree in the teaching discipline; or
	Master and/or Doctoral degree with at least 18 graduate hours in the teaching discipline.
	Meets criteria though alternate qualifications and is approved as an exceptional case.

Human Resource Specialist: _____ Date: ____/____/____

Credential Reviewer/Academic Director: _____ Date: ____/____/____

Vice President of Academic Affairs: _____ Date: ____/____/____

OFFICIAL TRANSCRIPTS RECEIVED Received by: _____ Date: ____/____/____