



This form is to be completed by the Chair and approved by the Dean for each faculty/adjunct/GTA hired. Include this form and faculty transcripts in the hiring packet forwarded to the Provost's office. This form is available on the Academic Affairs website.

**DOCUMENTATION OF QUALIFICATIONS  
FOR A FULL-TIME (FT) OR PART-TIME (PT) FACULTY APPOINTMENT**

Date: \_\_\_\_\_ Faculty Member's Full Name: \_\_\_\_\_

Status (check one):  Full time  Part time  Adjunct (includes GTA) \_\_\_\_\_

Rank (to include titles of impermanence such as Visiting): \_\_\_\_\_ Beginning Semester: \_\_\_\_\_

Dept: \_\_\_\_\_ College: \_\_\_\_\_ Teaching Discipline: \_\_\_\_\_

If hiring a GTA assistant, list the Instructor of Record for each course: \_\_\_\_\_

Must List All Course Assignments (example: ACCT 1301) for the beginning semester:



**Qualifications**

The following information must be filled in for **all** graduate degrees:  
Note: 'Issued to Student' transcript does not qualify as original, SACSCOC approved transcript.

**Graduate Degrees**

Name of Degree: _____ Year granted: _____ Name of University: _____  Field/Discipline: _____	
Name of Degree: _____ Year granted: _____ Name of University: _____  Field/Discipline: _____ <small>Please circle one response below (Note: transcripts 'issued to student' is not an original):</small> Original Transcript enclosed: <b>Y N</b> Copy enclosed: <b>Y N</b> <b>CIP Code:</b> _____	Name of Degree: _____ Year granted: _____ Name of University: _____  Field/Discipline: _____ <small>Please circle one response below (Note: transcripts 'issued to student' is not an original):</small> Original Transcript enclosed: <b>Y N</b> Copy enclosed: <b>Y N</b> <b>CIP Code:</b> _____

**Credentials:** The faculty member is qualified to teach in the position due to (select one):

- Holds a Master's degree and 18 doctoral hours in the discipline.
- Holds a Master's degree in the discipline
- Holds 18 graduate hours in the discipline (GTAs only)
- Holds a terminal degree in the discipline
- Other additional qualifications (Dean or Chair letter of support and documentation of the following applicable waivers are required)
 

<input type="checkbox"/> Work experience	<input type="checkbox"/> Professional licensure
<input type="checkbox"/> Certificates	<input type="checkbox"/> Honors & Awards
<input type="checkbox"/> Excellence in Teaching	<input type="checkbox"/> Other competencies

\_\_\_\_ Faculty Vita enclosed

**APPROVALS:**

Dept. Chair _____	Date: _____
Dean _____	Date: _____
SACSCOC Liaison _____	Date: _____
Provost _____	Date: _____