FACULTY CREDENTIALS EVALUATION FORM

Complete separate form for each discipline a faculty member will teach

(NOTE: Insert or delete rows as needed)

NAME: _____ EMPLOYMENT DATE:_____

CREDENTIALED FOR: _____ HIGHEST DEGREE EARNED (MA, PhD., etc.): _____

(Degree level [UG, Grad] and Discipline)

Discipline of Highest Degree_____

List all graduate hours, credentials, and experiences constituting competence in the discipline for which the faculty member is being credentialed.

ACADEMIC COURSEWORK

			Semester Hours		
Prefix	**Course No.**	**Course Title**	**Master's**	**Doctorate**	**Institution**

Total Graduate Semester Hours _____ _____

OTHER CREDENTIALS AND EXPERIENCES used to justify the qualifications and competence of the faculty member (if necessary)

Experience/Training/Certificate	Length of Expereince/Date of Training/Expiration of Certificate

COMMENTS (provide any explanation/clarification to the teaching assignments listed above):

EVALUATOR'S SIGNATURE:_____ EVALUATOR'S NAME: (print)_____ DATE:_____