INSTRUCTOR CREDENTIALS FORM

Instructor Name: _____ **Academic Area**: _____

☐ Full-Time ☐ Part-Time **Credential Level:** ☐ Group A ☐ Group B ☐ Group C

Courses to be Taught: (In the third column, enter the appropriate SACSCOC designation from https://sacscoc.org/app/uploads/2019/07/faculty-credentials.pdf, either a, b, c, etc.)

Course Prefix/Number	Course Title	SACSCOC Credential Requirement

1. ☐ The applicant's highest earned degree is from an institution accredited by a regional accrediting agency. ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctorate

Coursework Pertaining to the Courses to be Taught: (expand table if necessary)

Course Prefix/Number	Course Title	Institution	Credit Hours
		Total	

2. ☐ Official transcripts of graduate work and/or documents pertaining to all pertinent academic and professional training, licensure, and experience are attached.
3. ☐ The applicant meets SACSCOC requirements to teach the courses listed above, or
   ☐ Written justification and documents to support an exception to SACSCOC requirements are attached, including **Waiver Memo** approved by the appropriate dean and **portfolio** of credentials.

Certified by: Approved:

_____ _____

Academic Director/Division Chair Date Dean Date