

FACULTY CREDENTIALS AUDIT AND VERIFICATION FORM**(10-MONTH FACULTY/12-MONTH COLLEGE LECTURER II)****(For Use with Policy #3111A)**

Candidate Name:			
Position Considered For:		Dept.	
Master's Degree Required:			
Discipline:			
Position #:			
Hiring Dean is requesting approval for credential substitution(s): YES* or NO <i>*If "YES" supporting documentation/analysis must be attached.</i>			
CREDENTIALS SUMMARY:			
A. Master's Degree in Field of Specialization <input type="checkbox"/>			
1. Two years of successful teaching experience in field for which making application or at least six semesters of part-time teaching experience. <input type="checkbox"/>			
2. Five years of related field experience, Certification, Licensure in lieu of teaching experience. <input type="checkbox"/>			
<i>Hiring Dean: Please attach analysis, sign/date here:</i> _____			
B. Master's Degree in Different Field plus 18 Graduate Credits <input type="checkbox"/>			
FIELD: _____			
1. Two years of successful teaching experience in field for which making application or at least six semesters of part-time teaching experience. <input type="checkbox"/>			
2. Five years of related field experience, Certification, Licensure in lieu of teaching experience. <input type="checkbox"/>			
<i>Hiring Dean: Please attach analysis and sign/date here:</i> _____			
C. Master's Degree in Different Field with Five Years of Related Professional Field Experience, Certification, Licensure <input type="checkbox"/>			
NOTE FIELD EXPERIENCE, CERTIFICATION OR LICENSURE: _____			
<i>Hiring Dean: Please attach analysis and sign/date here:</i> _____			
I have reviewed the credentials and analysis submitted by the hiring Dean and approve the substitution(s) indicated above:			
PROVOST (or designee) PRINTED NAME		SIGNATURE/DATE	
PRESIDENT (or designee) PRINTED NAME		SIGNATURE/DATE	

COMPLETED, SIGNED FORM AND ANALYSIS / SUPPORTING DOCUMENTATION MUST BE FORWARDED TO THE OFFICE OF HUMAN RESOURCES. OFFERS OF EMPLOYMENT CANNOT BE MADE WITHOUT A COMPLETED CREDENTIALS VERIFICATION FORM.