Jacksonville State University Faculty Credential Validation Form #33

(For Use in Validating the Credentials of New Hires and Changes to Current Faculty Credentials)

EMPLOYEE INF	ORMA	TION:									
First				Last				MI Rank			
Name College/Division				Name Department/Unit			Department Head/Director				
				Separation, one			Separation read/Birector				
			tate agency t	hat requires mandat	ory participation in	or are the	ey a retiree	of the Teach	ers' Retirement !	System of	
Alabama?	Yes	No	ck if Below	Annling	V	lidation	Form Sub	mission Tu	•••		
Faculty Status:											
☐ Full-time ☐ Dual Enrollment				☐ Working Retiree ☐ Initial (A				At Time of Hire or New Affiliate)			
☐ Part-time ☐ Affiliate ☐ Change i								in Credentials			
DEGREE INFOR	RMATIC	DN:									
College or University		у	Major	Hours in Concentration		n or Are		Level	Degree	Date	
And Loc	cation			Discipline			(UG	/GR/DR)	Earned	Awarded	
COURSES CREI	1	ı	1			1					
Prefix/Number	Level	Course Title			Prefix/Number	Level	Course 1	Title			
TO BE COMPLETE I verify the faculty			•	led to teach the co	urses listed above	e.	Offic	e of the Pro	vost Use:		
								Transcript	ts Received		
Signature				Date			☐ Current Vitae Received				
TO BE COMPLETED BY DEAN/Director Supervisor								Date			
				led to teach the co	urses listed above	е.		ate			
							Ir	nitial			
Signature				Date							
APPROVED by Provost								☐ Copy sent to Graduate Dean			
MITROVED BY PIC	VVOSL										
Signature					Date						