# Jacksonville State University <br> Faculty Credential Validation Form \#33 

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

## EMPLOYEE INFORMATION:

| First <br> Name | Last <br> Name | Department/Unit | MI |
| :--- | :--- | :--- | :--- |
| College/Division |  | Department Head/Director |  |
|  |  |  |  |

Does the faculty member currently work for a state agency that requires mandatory participation in or are they a retiree of the Teachers' Retirement System of
Alabama? OYes Ono

Faculty Status:

## Check if Below Applies:

Dual Enrollment
Part-time
DEGREE INFORMATION:

| College or University <br> And Location | Major | Hours in <br> Discipline | Concentration or Area | Level <br> (UG/GR/DR) | Degree <br> Earned | Date <br> Awarded |
| :--- | :--- | :--- | :--- | :--- | :---: | :---: |
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## ALTERNATE QUALIFICATONS

Please list below all alternate qualifications that apply to the discipline (see page 2 of the Guide for Justifying and Documenting Faculty Qualifications) and should be considered for credential certification at the level requested. ATTACH A SHORT NARRATIVE LISTING SPECIFIC DETAILS OF EACH and provide the Office of the Provost documentation/copies of all certifications, licensures, training, research, etc.

## COURSES CREDENTIALED TO TEACH

| Prefix/Number | Level | Course Title | Prefix/Number | Level | Course Title |
| :--- | :--- | :--- | :--- | :--- | :--- |
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TO BE COMPLETED BY DEPARTMENT HEAD/Director
I verify the faculty member is appropriately credentialed to teach the courses listed above.

## Signature

TO BE COMPLETED BY DEAN/Director Supervisor
I verify the faculty member is appropriately credentialed to teach the courses listed above.

## Signature

Date

APPROVED by Provost

Office of the Provost Use:
Transcripts Received
Current Vitae Received
Date $\qquad$

Initial $\qquad$

Copy sent to Graduate Dean

