

Name of instructor			
Department			
Prefix and name for each course this instructor will te	each		
Brief description of the course(s) listed above			
Will this instructor teach graduate courses?	Yes	No	
If "Yes", will a <u>nomination</u> for them to join the Gradua <u>courses</u> be submitted?	ate Faculty Yes	y or a <u>request to teach</u> grac No	duate
<u>Credentialling Information:</u> Highest degree earned in relevant discipline: Degree Name (e.g. MS, MBA, PhD)			
Field or Major: (e.g. communications, genetics)			
Basis for Alternative Credentials Request (Select One <u>18 hours of graduate credit in relevant disciplin</u> Required Supporting Documentation (MUST be - Curriculum Vitae - Unofficial or official transcript	<u>ne:</u>	ed with this request)	
Relevant professional experience in discipline: Required supporting documentation (MUST be - Curriculum Vitae or resume, - Evidence of relevant work or professional e			
Transcripts showing relevant degree or cou Verification of employment Licensure and certifications List of scholarly publications and presented Evidence of continuous documented excelle Honors and awards Other demonstrated competencies that cont	papers ence in teac	-	
student learning outcomes			

Alternative Credentials for Instructors: Justification and Approval

Name of Instructor

Summary of instructor's experience that qualifies them to deliver the course content described above at the appropriate level of instruction:

By signing this document, I certify that the document above is complete and accurate and that all required supporting documentation has been reviewed and submitted with this form.

Department Head Date

Dean or designee Date

Associate Vice Provost for Academic Personnel and Policy