

Faculty Credentials Form

The Faculty Credentials Form is required for a request for course exemption credit from a non-transferable credit institution. This form must be completed by an official representative (academic supervisor such as a dean, program chair or director, the Registrar, or a human resource's designee) from the institution and then attached to the Request for Non-Transferable Credit Form.

Name of Institution:					
Name of Instructor of Record:					
Requested Course Number and Ti	itle:				
Faculty Credentials Table:					
Instructor's Degree*	Discipline	College/University Awa	College/University Awarded Year Award		
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		_1			
Related Work Experience Table:					
Instructor's Degree	Description of Work Experience			Duration/Time of Experience	
				тхрененее	
			<u> </u>		
*Faculty who receive degrees from			-		
validated by an evaluation service Inc. (NACES).	e affiliated with the Nationa	Association of Credential	Evalua	ition Services,	
Signature of Official Representative	ve:	บล	₃te:		
Printed Name of Official Represer	ntative:	Title: _			
	Use Only – To be completed	• • • •		lin in haine	
Faculty Credentials meet the requested. Please che	e faculty credentialing criter eck Approved or Not Approv			_	
	☐ Approved ☐ Not A				
Signature:		Date Received:			
Faculty Roster Completed:		Date Completed:			