

TROY UNIVERSITY
Certification for Faculty

NAME OF FACULTY MEMBER _____
(Last) (First) (M.I.)

PRIMARY TEACHING LOCATION _____ HIGHEST DEGREE/DATE _____

DATE YOU BEGAN TEACHING AT TROY UNIVERSITY: _____ ≤ Part-Time ≤ Full-Time

TOTAL YEARS OF OTHER COLLEGE TEACHING: Years Part-Time ____ Years Full-Time ____

PART I. REQUESTED CERTIFICATIONS: INDICATE RECOMMENDED TEACHING FIELD, AND ACADEMIC LEVEL(S).

- NOTE: 1. UNDERGRADUATE and GRADUATE CERTIFICATIONS **MUST** LIST COURSE NUMBERS.
2. **ONLY ONE TEACHING FIELD/DISCIPLINE MAY BE LISTED PER FORM.**

Teaching Field/Discipline: _____ Academic Level(s): ≤ UG ≤ GRAD

Undergraduate Cert. Area(s): _____

Graduate Courses (show only course numbers): _____

Submitted by/Date: _____

PART II. ACADEMIC FIELD REVIEW: AVOID NEGATIVE PRONOUNCEMENTS. UNIQUE QUALIFICATIONS/LIMITATIONS MAY BE MENTIONED. (*OUT-OF-FIELD CERTIFICATIONS REQUIRE ATTACHMENTS OF JUSTIFICATION LETTER AND SUPPORTING DOCUMENTATION.) UNIQUE QUALIFICATIONS/LIMITATIONS MUST BE MENTIONED.

Complies with accreditation standards: ≤ **In-field Cert.**

≤ **Out-of-field Cert- Attachments confirmed ____ (Initial)**

Approved Course(s): _____
(Line-out all courses in PART I that are disapproved)

Reasons/Comment/Suggestions: _____

Signature of Dept. Chair/Date: _____

PART III. DEAN OF DISCIPLINE: AVOID NEGATIVE PRONOUNCEMENTS. UNIQUE QUALIFICATIONS/LIMITATIONS MAY BE MENTIONED.

Denied (Leave blank if you approve.): _____

Comment/Suggestions: _____

Signature of Dean/Date: _____

PART IV. GRADUATE SCHOOL VALIDATION: (IF APPROPRIATE)

Graduate Faculty Status (**Supporting documentation required**):

≤ Full ≤ Associate ≤ Temporary ≤ Disapprove _____

Signature/Date: _____

PART V. PROVOST VALIDATION:

≤ Approved ≤ Disapproved Signature/Date: _____

Distribution:
White Copy: Executive Vice Chancellor and Provost
Yellow Copy: Region
Pink Copy: Department Chairman