

Verification of Faculty Credentials Form

Northwestern State University

Revised 12-13-16

(1) Faculty Name _____

(2) College/School or Department _____

(3) CWID _____ (4) Status: FT PT Adj. GA

(5) Degree Earned	(6) Major/Minor or Discipline Where 18+ Credit Hours Were Earned Outside of Major/Minor	(7) Institution Granting Degree/Credit (City, State)	(8) Date of Conferral

(9) **Accreditation.** Is each degree/credit granting institution regionally accredited? Yes No

(10) Have **official transcripts** been attached? Yes No

If international, has external transcript evaluation (if required) been completed/attached? Yes No

(11) Credentialed based on academic preparation to teach the following (disciplines or specific courses whether graduate level, undergraduate level, or both, for each discipline/specific course).

_____ UG ___ /G ___ _____ UG ___ /G ___ _____ UG ___ /G ___ _____ UG ___ /G ___ _____ UG ___ /G ___ _____ UG ___ /G ___

(12) If not creditable by degree or hours in discipline, provide justification for credentialing.

CERTIFICATION

The Department Head, Dean, Director certifies by signature below that all information provided on this form and all supporting documentation is correct and accurate to the best of his/her knowledge.

(13) Department Head/Director/Coordinator _____ Date _____

(14) Dean _____ Date _____

(15) Provost _____ Date _____