

TROY UNIVERSITY

Certification for Faculty

NAME OF FACULTY MEMBER

(Last) (First) (M.I.)

PRIMARY TEACHING LOCATION _____ HIGHEST DEGREE/DATE _____

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

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

NOTE: 1. Undergraduate and graduate certifications **must** list course numbers and must be on separate forms

2. Only **one** teaching field/discipline may be listed per form.

Teaching Field/Discipline: _____ Academic Level: UG GRAD

Undergraduate Course(s): _____

Graduate Course(s): _____

Submitted by: _____ Date: _____

PART II. ACADEMIC FIELD REVIEW: AVOID NEGATIVE PRONOUNCEMENTS.

***Out-of-field certifications** (for faculty members who do not meet the Troy University academic credential requirements in the applicable AOP) require attachments of justification form and supporting documentation. Unique qualifications/limitations must be mentioned.

Complies with accreditation standards:

_____ In-field Cert. _____ Out-of-field Cert. Attachments confirmed by Chair _____ (Initial)

Approved Course(s): _____

(Line-out all courses in PART I that are disapproved)

Reasons/Comments/Suggestions: _____

Signature of Chair: _____ Date: _____

Signature of Associate Dean: _____ Date: _____

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

_____ Approved _____ Denied

Comments/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: _____

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