

CREDENTIAL EVALUATION FORM



An original academic transcript must be forwarded directly from the faculty member's college/university to the Office of Human Resources. Signatures on this form indicate that all necessary academic history, license(s), certifications(s), etc., have been evaluated and copy/copies attached and that an exceptions form has been completed if applicable.

Name:		Beginning Term:		Status:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Adjunct
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Degree(s) – List all (exactly as listed on transcripts)			
Academic Degree(s)	Institution(s)	Major	Date Awarded
Technical Certificate of Credit:			
Technical Diploma:			
Associate's Degree:			
Bachelor's Degree:			
Master's Degree:			
Doctoral Degree:			
Other:			

Justification of Academic Preparation

Other Credential Qualifiers: (Licenses/Certification, Professional/Work Experience, Honors/Awards, Publications, Other)			

All SCTC classes the instructor is qualified to teach:

Faculty Name:		ID Number:	
Supervising Dean:		Location:	
Dean's Signature:		Date:	
Chief Academic Officer:		Date:	