Last Name:

First Name:

Middle Name:

What is your employment status:  Full-time  Part-time

Campus Employee ID:

Division:

Department:

## List the courses levels for which this instructor is credentialed to teach:

*Credential Key:*

D: Developmental

UN: Undergraduate Nontransferable

UT: Undergraduate Transferable

LAB: Laboratory

G: Graduate

Course 1

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 2

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 3

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 4

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 5

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 6

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 7

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 8

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 9

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Course 10

Course Prefix:

Course Level:  D  UN  UT  LAB  G

Official Transcript Review:

Degree 1

Degree Type:

Major:

Institution:

Date Conferred:

Degree 2

Degree Type:

Major:

Institution:

Date Conferred:

Degree 3

Degree Type:

Major:

Institution:

Date Conferred:

Courses Submitted for 18 Graduate Hours Requirement (where applicable):

Course 1

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 2

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 3

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 4

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 5

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 6

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 7

Prefix and Number*:*

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 8

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 9

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

Course 10

Prefix and Number*:*     

Course Title*:*

Institution*:*     

Semester Credit Hours*:*

**Add Total Credit Hours for “Courses Submitted”**

Division Dean Date

Vice President for Academic Affairs Date