|  |  |
| --- | --- |
|  | FCOC TRANSMITTAL LETTER |

|  |  |
| --- | --- |
| Date: |  |

To: Faculty Credential Oversight Committee

|  |  |
| --- | --- |
| From: |  |

Chair/Director

Subject: Request for Credentialing

Use one of the following appropriate options listed below:

*The applicant explicitly meets the credentialing requirements set forth in the appropriate section of the Credentialing Manual based on review of the official transcript and/or other required supporting documentation.*

*The applicant meets degree and course work guidelines based on review of results of evaluation of his/her foreign credentials by a foreign credentials evaluation service and other supporting documentation.*

*The applicant does not explicitly meet degree and course work guidelines, but has been recommended for credentialing based on review of documentation in the portfolio presented*

|  |  |
| --- | --- |
| Name of Applicant |  |

|  |  |
| --- | --- |
| Teaching Discipline |  |

Part Time  Full Time

Explanation

Rationale for Request for Credentialing:

|  |
| --- |
|  |

Synopsis of Documented Evidence:

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Chair/Director |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of FCOC Chair or Designee |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Provost/Vice President of Academic Affairs OR Designee |  | Date: |  |

Action of Provost/Vice President: Approve  Disapprove

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **TRANSCRIPT EVALUATION** | | | | | | | | | | |
| **An official academic transcript must be forwarded directly from the applicant’s college/university to the Office of Human Resources or Office of Chair or Director. A copy of the transcript, necessary certificate(s), license(s), etc., being evaluated must be attached to this form. Signatures on this form indicate that all documents attached have been evaluated, including a portfolio, if Alternative Credentialing is requested.** | | | | | | | | | | | | | | | | | | |
| **Applicant** | | | | | | | **ID or SSN** | | | | | **Supervising Chairperson/Director** | | | | | | |
| **Institution Name(s)** | | | | | **Degree(s)** | | | | | **Major(s)** | | | | | | | **Date Awarded** | |
|  | | | | |  | | | | |  | | | | | | |  | |
|  | | | | |  | | | | |  | | | | | | |  | |
|  | | | | |  | | | | |  | | | | | | |  | |
| ***COURSES THE APPLICANT IS QUALIFIED TO TEACH***: | | | | | | | | | | | | | | | | | | |
| Teaching Discipline 1 (Name) | | | Teaching Discipline 2 (Name) | | | | | | | | | | | Teaching Discipline 3 (Name) | | | | |
| Course | Qtr Hrs | Sem Hrs | Course | | | | | | Qtr Hrs | | Sem Hrs | | | Course | | Qtr Hrs | | Sem Hrs |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
|  |  |  |  | | | | | |  | |  | | |  | |  | |  |
| Total Quarter Hrs |  |  | Total Quarter Hrs | | | | | |  | |  | | | Total Quarter Hrs | |  | |  |
| X 2/3=Equiv Sem Hrs |  |  | X 2/3=Equiv Sem Hrs | | | | | |  | |  | | | X 2/3=Equiv Sem Hrs | |  | |  |
| Total Semester Hrs or equivalent |  |  | Total Semester Hrs or equivalent | | | | | |  | | | | | Total Semester Hrs or equivalent | |  | | |
| **Additional Specialization (Licenses, Certifications) - Describe below and attach copies. For additional teaching disciplines, use additional forms**. | | | | | | | | | | | | | | | | | | |
| Chair/Director | Name | | | | | | | | Signature | | | | | | | Date | | |
| **Provost/ Vice President Academic Affairs** | Name  **Edward T. Bonahue** | | | | | | | | Signature | | | | | | | Date | | |
| **OR**  **Vice President Academic Affairs Designee** | Name  **Curtis Jefferson** | | | | | | | | Signature | | | | | | | Date | | |
| Distribution: | Original - To Human Resources  Copy - To Director/Chair | | |  | |  | | | | | | | HR Processed | | By: | | Date: | |