This form to be completed by the Chair and approved by the Dean <u>for each faculty hired</u>. Include this form and faculty transcripts in the hiring packet forwarded to the Provost's office. This form is available online: http://sacs.lamar.edu/acadaffairs/forms.php

DOCUMENTATION OF QUALIFICATIONS FOR A FULL-TIME (FT) OR PART-TIME (PT) FACULTY APPOINTMENT

Date: Faculty Member's Full Name:		
Status (check one):Full timeF	Part timeAdjunct (incl	udes GTA)
Rank (to include titles of impermanence su	ich as Visiting):	
		/ College:
		Beginning semester:
Course Assignments and/or Level of Ir	astruction (e.g., lower divisi	on, upper division, graduate) during current academic year:
Qualifications The following information must be filled in for <u>all</u> graduate degrees: Note: 'Issued to Student' transcript does not qualify as original, SACSCOC approved transcript. Graduate Degrees		
Name of University:		Name of Degree: Year granted: Name of University:
Field/Discipline: Please circle one response below (Note: transcripts 'issued to stu Original Transcript enclosed: Y N		Field/Discipline: Please circle one response below (Note: transcripts 'issued to student' is not an original): Original Transcript enclosed: Y N Copy enclosed: Y N
Name of Degree: Year granted: Name of University:		Name of Degree: Year granted: Name of University:
Field/Discipline: Please circle one response below (Note: transcripts 'issued to stu Original Transcript enclosed: Y N	dent' is not an original):	Field/Discipline: Please circle one response below (Note: transcripts 'issued to student' is not an original): Original Transcript enclosed: Y N Copy enclosed: Y N
Credentials: The faculty member is Holds a Master's degre Holds a Master's degre Holds 18 graduate hour Holds a terminal degree Other (Dean or Chair lett	e and 18 graduate hours in e in the discipline es in the discipline (GTAs of e in the discipline (GTAs of e in the discipline er of support and documentation Work experience Certificates Excellence in Tea	the discipline. nly) on of the following applicable waivers is required): Professional licensure Honors & Awards
APPROVALS: Dept. Chair		Date:
Dean		
OAAP		Date:
Provost(This documen	t and the corresponding original t	Date: