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|  | FCOC TRANSMITTAL LETTER |

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| Date: |       |

To: Faculty Credential Oversight Committee

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| 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*

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| Name of Applicant |       |

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| Teaching Discipline |        |

[ ]  Part Time [ ]  Full Time

 Explanation

Rationale for Request for Credentialing:

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Synopsis of Documented Evidence:

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

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

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

Action of Provost/Vice President: Approve [ ]  Disapprove [ ]

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|  | **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** |
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| ***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 |
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| 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: |