



Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Location: ☐ Main Campus ☐ Rolla ☐ Online ☐ Dual Credit _____ ☐ Other _____
(name of institution) (indication location)

☐ New Employee ☐ Current Employee ☐ ECC Retiree

Primary Discipline: _____ Secondary Discipline: _____

Please indicate which semester/class start date for this instructor.

☐ Fall _____
☐ 1st 8 weeks
☐ 2nd 8 weeks
☐ 14 weeks
☐ 16 weeks

☐ Spring _____
☐ 1st 8 weeks
☐ 2nd 8 weeks
☐ 14 weeks
☐ 16 weeks

☐ Summer _____

☐ Winter Intersession _____

☐ Other _____

Clear Options

Please use the chart below to indicate the courses the instructor will be credentialed to teach. Please see HLC guidelines for appropriate credentialing.

Course Name and Number (if approved for all courses within the discipline, please indicate the subject and all, i.e. history all)	Approved	Approved Provisionally (Please enter deadline for completing required credentials)
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate qualifications specific to credentialed discipline. Highlight degree/courses to support discipline credential on attached transcript.

Institution	Degree, License/Certification (include expiration date and license/certification number)	Discipline	Indicate if credential is for primary or secondary discipline



Comments (Include justification for using tested experience to credential)

☐ **Applicant Meets Qualifications** ☐ **Applicant Meets Qualifications Provisionally**

Comments (Include justification for provisional credentials and necessary requirements and timeline to move from provisional to fully credentialed)

The following documentation must be included: Transcript to support credentialing, Certifications/Licensure, and Resume. Additional documentation may be included to support credential/recommendation.

Dean Signature/Date

☐ Approved ☐ Not Approved

Vice President Academic Affairs Signature/Date