TRINITY VALLEY COMMUNITY COLLEGE FACULTY CREDENTIAL JUSTIFICATION OF QUALIFICATIONS FORM

				DATE:		
	nly complete appropriate l					
faculty members qualified	Comprehensive Standard 3.7 I to accomplish the missio	on and goals of the	College. TVCC	determ	ines and defin	es faculty
qualifications through an in	ternal process that uses guid	delines based on the ty	pe of course th	ne facult	ty member teac	hes.
If a faculty member does no	ot possess the academic cre	dentials outlined in the	e Guidelines An	d Stand	dards For Docur	nentation
	presented in the TVCC Fac					
to the Human Resource (HF	ns form must be completed I 3) department	by immediate supervise	or, signed by the	e VP of I	nstruction, and	submitted
	al Justification of Qualificati	ons form outlines the	relevant iustific	ation(s)	which have be	en used to
	er whose academic experi			• • •		
	ne justification should be cite	d and submitted with	1	-		
Faculty Name			Full/Part-Time		Semester	Year
	· · · · ·					
Program Area: (check the	e appropriate box) ndergraduate Nontransferat	ble Undergraduat	e Transferable			
Teaching Discipline(s):						
reaching Discipline(s).						
Course Prefix(s)	Course Number(s)	Course Name(s)		Semester Credit Hour(s)		
Prepared By:				1		
 provided on this form. Exa Related work experience that verifies employment documents, etc.) Professional licensure a Honors, awards, or control 	cumentation outlining the amples of acceptable justifica- te in the discipline (NOTE: V int records: i.e. reference che nd certifications tinued documented excellen encies and achievements rela	ation may include, but Vork experience must eck log, letter of emplo ce in teaching	not be limited t be accompanie byment on comp	to the fo d by su pany let	ollowing: pporting docum tterhead, pay st	nentation rubs, tax-
Concluding Remarks:						
Approval Signatures:						
Immediate Supervisor (I	Division Chair, Dean, AVP	, Provost)	Date			
Vice President of Instruc						
vice Freshaent of histrat	tion		Date			