

# CERTIFICATION OF FACULTY EXCEPTIONAL EXPERTISE

Please complete this form for any faculty member who does not have the appropriate credentials per SACSCOC criteria.

DATE \_\_\_\_\_

FACULTY MEMBER \_\_\_\_\_

DATE OF INITIAL EMPLOYMENT \_\_\_\_\_

HIGHEST DEGREE/DISCIPLINE COMPLETED \_\_\_\_\_

PROGRAM \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

COLLEGE \_\_\_\_\_

COURSES TO BE TAUGHT \_\_\_\_\_

Although this faculty member does not have the required degrees (or graduate credit hours) completed to teach at the assigned level, this faculty member has the appropriate **exceptional expertise** to teach at these categories (see UAR 113.03), check all that apply:

<input type="checkbox"/> Category A	<input type="checkbox"/> Category D	<input type="checkbox"/> G
<input type="checkbox"/> Category B	<input type="checkbox"/> Category E	<input type="checkbox"/> H
<input type="checkbox"/> Category C	<input type="checkbox"/> Category F	<input type="checkbox"/> I

**Note: An explanatory memo and appropriate documentation must accompany this form.**

The following individuals have examined the justification and judge the exceptional expertise to be appropriate for the teaching assignment of the faculty member.

PROGRAM COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

DEPT. CHAIR/ASSOC. DEAN \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE DEAN \_\_\_\_\_ DATE \_\_\_\_\_

PROVOST \_\_\_\_\_ DATE \_\_\_\_\_