

## SECTION I: EMPLOYEE INFORMATION

Last	First	Middle	MSU ID #
College		MSU Department/School	Dept./School Phone
Full-time Faculty	Adjunct Faculty	Military Science	First-Year Seminar
Eagle Scholars High School _____			

## SECTION II: DEGREE INFORMATION

*Official transcripts for all graduate work and a current vita must be submitted.*

GRADUATE	College/University	Major	Hours ≥ 18?	Subconcentration	Degree	Terminal?	Date Awarded

UNDERGRADUATE	College/University	Area/Major	Major Hours	Degree	Date Awarded

## SECTION III: COURSE(S) TO BE INSTRUCTED *(Prefix and Course Number)* - Mark courses requiring additional qualifications with an asterisk (\*)


## SECTION IV: ADDITIONAL FACULTY QUALIFICATIONS **(use ONLY if degrees in Section II are inadequate)**

Please check any other qualifications that apply to the discipline and should be considered for credential certification if degrees in Section II are inadequate for courses indicated in Section III. Complete the attached Certification of Additional Faculty Qualifications form that includes a short narrative listing specific details of how the qualifications meet the needs of the indicated courses, and provide documentation/copies of all certifications, licensures, training or research.

- |                                   |                                                             |                                                                                             |
|-----------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Degree(s) from related discipline | Exceptional professional experience in requested discipline | Documented scholarship (including research and creative productions) in related discipline. |
| Credentials, Licensure(s) Ex. CPA | Special training                                            | Other qualifications                                                                        |
| Military experience               | Awards and honors                                           |                                                                                             |

### TO BE COMPLETED BY CHAIR/ASSOCIATE DEAN

Verify and check that the following are attached:

- Current Vita      Additional Qualifications (if necessary)

**I have read the Faculty Credentials Categories and propose the following degree category for this faculty member:**

<b>Category*</b>	<b>Chair/Assoc Dean Approval</b>	<b>Dean</b>

\*Hyperlink to the credential categories descriptions

### OFFICE OF THE PROVOST

- Current Vita      Original Transcripts (**NO COPIES**)  
 (two highest degrees)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## **CERTIFICATION of ADDITIONAL FACULTY QUALIFICATIONS**

Please complete this form ONLY for faculty members who do not have the appropriate degree credentials per SACSCOC & MSU guidelines (Section II on the previous page) for some courses.

### **Courses requiring additional qualifications:**

\_\_\_\_\_

\_\_\_\_\_

Although this faculty member does not have the required degrees (or graduate credit hours) completed to teach the above courses, this faculty member has the appropriate additional qualifications to teach at the assigned category (see UAR 113.03, and link on previous page).

Please enter or paste supporting explanatory information below: