

TN eCampus Faculty Credentials Form

Last Name:						Full-time			
First Name:						Part-time			
Middl	e Name:								
Camp							Crad	ential Key	
Employee ID:							D: Developmental	1	
-								te Nontransferable	
Division:							UT: Undergraduat LAB: Laboratory	te Transferable	
Department:							G: Graduate		
List the	courses for which		ctor is cred	entialed to					
	Course Prefix					Course Level			
1			\Box D			□ UT	☐ LAB	\Box G	
2			\Box D		7	□ UT	☐ LAB	\Box G	
3			\Box D		N	□ UT	\Box LAB	\Box G	
4			\square D	\square UN	N	\square UT	\Box LAB	\Box G	
5			\Box D		N	□UT	☐ LAB	□ G	
6			\Box D	□ UN		□UT	□ LAB	\Box G	
7			\Box D	□UN		□UT	□ LAB	\Box G	
8			\Box D	□ UN		□UT	□ LAB	\Box G	
9			\Box D	□ UN		□UT	□ LAB	□ G	
10			\Box D	□ UN		UT	□ LAB	□ G	
					l .				
Offici	al Transcript Revi	ew:							
	Degree		Major			Institution/Date Conferred			
1									
3									
3									
Cours	es Submitted For	18 Graduate			t (where	applicable):			
	Course No	Course Name			Cr Hrs	Institution			
1									
2									
3									
4									
5									
6									
7 8									
9									
10									
Total Cr Hrs →									
Divici	on Dean		Date						
D1 V131	on Doun					Date			
						-			
Vice President for Academic Affairs						Date			