

## **TN eCampus Faculty Alternative Credentials Form**

Last Name:							Full-time		
First Name:							Part-time		
Middle Name:						_			
Campus						_			
Emplo	yee ID:								
							Crede	ntial Key	
Division:						_		D: Developmental UN: Undergraduate Nontransferable	
Department:						_	UT: Undergraduate Transferable		
								LAB: Laboratory G: Graduate	
List the	courses fo	r which	this in	nstructor is cred	entialed to te	ach:		Or Graduate	
	Cour	se Prefix	ζ.			C	ourse Level		
1				$\Box$ D	□ UN		□ UT	□ LAB	$\Box$ G
2				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
3				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
4				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
5				$\Box$ D	$\square$ UN		$\square$ UT	$\Box$ LAB	$\Box$ G
6				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
7				$\Box$ D	□ UN		$\square$ UT	$\Box$ LAB	$\Box$ G
8				$\Box$ D	$\square$ UN		$\square$ UT	$\Box$ LAB	$\Box$ G
9				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
10				$\Box$ D	□ UN		□ UT	$\Box$ LAB	$\Box$ G
I. Ear	ned Degree	es:							
	Degree		Majo	or		Inst	itution		
	None								
	Certificate								
	Diploma								
	Associate								
	Bachelor								
	Masters								
	Ed. Specialist								
	Doctorate	e							
II. Otl	her Relevai	nt Colles	ge Cre	dit:					
C		Course Title				Institution Sem			
(Prefix and No)		Course Title				institution (			
1		1							



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III. Specialized Certification (attach copies):	
IV. Work Experience Relevant To Teaching Dis	scipline (documentation may be required):
Employer:	
Title:	
Dates of employment:	
Primary responsibilities:	
Employer:	
Title:	
Dates of employment:	
Primary responsibilities:	
V. Professional Publications and Presentation.	· ·
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VI. Continuing Education/Professional Develop	oment:
VII. Other Outstanding Professional Expertise a Discipline:	and/or Demonstrated Contributions To The Teaching
VIII. Rationale For Teaching Assignment (pro	vided by the division Dean):
Division Dean	Date
	<del></del>
Y' Describent Com Assolution ACC	Dete
Vice President for Academic Affairs	Date