

## Statement of Faculty Qualifications for Teaching

**Instructors of record** must have teaching credentials verified by the department head/chair from which the course(s) originates **BEFORE** being allowed to teach. If the instructor of record attains new degrees/qualifications or new teaching responsibilities (i.e., new subject), this course credentialing document must be resubmitted.

### **Section IIA. Instructor of Record Information**

Name:

VT Identification Number:

Address/Mail Code:

Name of Hiring Dept.:

Name of Course Dept. (if different):

#### **Please indicate the person's current primary VT designation:**

- Salaried Faculty Member (Teaching and Research)
- Salaried Faculty Member (Administrative/Professional)
- Adjunct Instructor (wage or unpaid)
- Graduate Student (GTA, GA, Graduate Instructor)
- Other (please explain: \_\_\_\_\_)

### **Section IIA. Qualifications for Teaching**

#### **For Salaried Faculty (Teaching and Research) ONLY**

#### **Please indicate the reason that the faculty member has been deemed qualified to teach:**

- Doctorate/Terminal degree in teaching or related discipline (qualified for undergraduate or graduate courses).
- Additional qualifications explained in the Other Qualifications section (Section IIB).
- Eighteen (18) graduate hours or master's degree in teaching or related discipline (these faculty are typically qualified to teach undergraduate courses only). Please indicate the discipline in which the graduate hours were earned in Section IIB

#### **For Graduate Students, Adjunct Instructors and those designated as Other ONLY**

#### **Please indicate the reason that the instructor has been deemed qualified to teach:**

- Eighteen (18) graduate hours or master's degree in teaching or related discipline (typically qualified for undergraduate courses only). Please indicate the discipline in which the graduate hours were earned in Section IIB
- Doctoral (or terminal) degree in teaching or related discipline
- Additional qualifications explained in the Other Qualifications section (Section IIB).

**Section IIB. Other Qualifications:** Include professional licensure and certifications, awards, commendations, publications, professional experience, etc. **This box can also be used to explain why the faculty member's degree is appropriate even if it is not in precisely the same discipline as the course.** If the faculty member's highest degree is a masters degree and the faculty member will be teaching a 5000+ level course, please provide a justification. If it is the case that the master's degree is a terminal degree, please note that here.

**Section III. Course Information**

<b>Courses that this instructor of record is approved to teach:</b>		
Subject Abbreviation (e.g., PSYC):	Specific courses only (please list below)	<input type="checkbox"/>
	All undergraduate courses	<input type="checkbox"/>
	All graduate courses	<input type="checkbox"/>
Subject Abbreviation (e.g., PSYC):	Specific courses only (please list below)	<input type="checkbox"/>
	All undergraduate courses	<input type="checkbox"/>
	All graduate courses	<input type="checkbox"/>

If the instructor of record is approved to teach only specific courses, please list those courses here:

Prefix 1:	Course Number (Title is optional):
Prefix 2:	Course Number (Title is optional):
Prefix 3:	Course Number (Title is optional):
Prefix 4:	Course Number (Title is optional):

**NOTE:** If the instructor of record is assigned to a course with a prefix that is different than the one(s) listed above, another statement of faculty qualifications must be submitted.

**Section IV. Verification of International Credentials**

- Degree awarded by non-U.S. institution has been determined to be equivalent to U.S. degree and is appropriate to the teaching discipline. See *VT Credentials Guidelines* document, available at [www.provost.vt.edu](http://www.provost.vt.edu), for required steps.

Equivalent U.S. degree level and major:

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**Section V. Department Head/Chair Verification**

Dept. Head/Chair Name:

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Dept. Head/Chair Signature:

Date:

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**Section VI. Department Contact Information**

Dept. Contact Name:

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E-mail:

Phone:

Mail Code:

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**NOTE:**

**Please upload this form and an electronic copy of the faculty member's transcript to the HR website through the "Submit Documents to Human Resources" feature which can be found at [https://docs.google.com/forms/d/1xhP8PPSr4zDJ1Hv6Ozp4fKqo9TsEmhOK9FDqfpE6RAw/viewform?edit\\_requested=true&pli=1](https://docs.google.com/forms/d/1xhP8PPSr4zDJ1Hv6Ozp4fKqo9TsEmhOK9FDqfpE6RAw/viewform?edit_requested=true&pli=1)**

*This form was formerly called "Transcript Cover Sheet for Course Credentialing"*