This form documents that a faculty member’s credentials meet SACSCOC and Florida SouthWestern State College qualifications for teaching and must be completed for all faculty. The complete form, along with all supporting documents, must be sent to the Office of the Provost for approval before any faculty member may be assigned to a course.

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **Eight digit Banner ID** |
|  |  | @ |
| **Select FQF Type** | Choose an item. | |

|  |  |
| --- | --- |
| **School or Division** | **Campus, Center, or Off Campus** |
| Choose an item. | Choose an item. |

|  |  |  |
| --- | --- | --- |
| **Full-Time Faculty** | **Adjunct Faculty** | **Dual Enrollment Faculty** |
| Choose an item. | Choose an item. | Choose an item. |

|  |  |
| --- | --- |
| **Credential Status** | |
|  | Qualified to teach college-level courses |
|  | Qualified for college preparatory or technical, non-transfer courses |
|  | Alternatively qualified by means of competency, effectiveness, and capacity  (Attach statement of support and all necessary documents) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education**  List **only** the degrees and/or graduate semester hours (GSH) used to determine faculty qualification. Do not list GSH if the faculty has a Doctorate or Master’s in the discipline. | | | | |
| **Institution** | **Degree Earned** | **Major/Subject** | **GSH**  **(if applicable)** | **Degree conferred date**  **(XX/XX/XXXX)** |
|  | Choose an Item |  |  |  |
|  | Choose an Item |  |  |  |
|  | Choose an Item |  |  |  |
|  | Choose an Item |  |  |  |

|  |
| --- |
| **List Supplemental Qualification Criteria** (complete only if applicable and include documentation with FQF if required) (Work experience, licenses, SLS instructor modules, teaching experience, etc.) |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **Credentialed to Teach** | | |
| **Course Prefix** | **Course numbers or list “All”** | **Exceptions** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures**

|  |  |
| --- | --- |
| **Chair, Director, or Coordinator (**sign and date)  Type Name Here | **Date** |
|  |  |
| **Academic Dean (**sign and date)  Type Name Here | **Date** |
|  |  |
| **Provost** (sign and date)  Dr. Eileen DeLuca | **Date** |
|  |  |

|  |  |
| --- | --- |
| **Entered in Banner by:**  D’ariel Barnard | **Date** |
|  |  |