



Faculty Credentialing Report Form

Lake-Sumter State College is committed to maintaining full SACSCOC accreditation compliance in the hiring of all faculty members, including adjunct and dual enrollment instructors. Each full-time and part-time faculty member teaching credit courses in professional, occupational and technical courses (not including physical education) in associate degree programs designed for college transfer to senior institutions must have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. Personnel involved in career and technical programs may be required to have a professional license/certificate in the field of specialty. Faculty teaching baccalaureate courses are required to have a doctor's or master's degree in the teaching discipline or a master's degree with a minimum of 18 graduate semester hours in the teaching discipline. At least 25 percent of the discipline course hours in each undergraduate major are taught by faculty members holding the terminal degree—usually the earned doctorate—in the discipline. (LSSC Administrative Procedures Manual, PRO 5-03)

****Important****

Complete all form fields and print the finished form along with all supporting documentation. Deliver the materials to the appropriate Dean/Associate Dean or Associate Vice President.

Faculty Adjunct

Faculty Full-Time

Faculty Applicant's Name (*Legal Name Only*) _____

Address _____ City _____ State _____ Zip _____

Contact Phone _____ Email _____

Department _____ Department Chair/Program Manager _____

Authorized Courses and CIP Codes (*Courses Qualified to Teach*)

CIP Code:	Courses:					
CIP Code:	Courses:					
CIP Code:	Courses:					
CIP Code:	Courses:					
CIP Code:	Courses:					

Academic and Professional Preparation:

Please list below the name of the institution(s), degree(s) earned, major and/or graduate semester hours in teaching discipline as appropriate and, attach documentation.

Institution(s)	Degree(s)	Major/Graduate Semester Hours

Notes:

Credentials Status: (*Mark Appropriate Box or Boxes*)

General education courses at the undergraduate level (UT status)

Associate degree courses designed for transfer to the baccalaureate degree (UT status)

Associate degree courses not designed for transfer to the baccalaureate degree (UN status)

Baccalaureate courses

College prep courses (D status)

Alternative review based on other documented qualifications (AC status) (*Please attach all hard copies of license, certification, verification of work experience, honors/awards to your hand carried signature copy*)

D-Developmental, **UN**-Undergraduate Nontransferable, **UT**-Undergraduate Transferable

AC-Alternative Credentials

I indicate by my signature that all information contained in this document is correct and that the degrees listed are from accredited institutions. I am aware that degrees from International Institutions require additional verification procedures.

Department Chair/Program Mgr. _____ Date _____

Approved by: _____ Date _____
Dean

Approved by: _____ Date _____
Associate Vice President (If Applicable)

Approved by: _____ Date _____
Vice President of Academic Affairs

Received by: _____ Date _____

Human Resources