Credential Verification Form

ATHENS TECHNICAL COLLEGE — 1958

Faculty member's name: _____

Employment Status (FT/PT): _____

Official Transcripts Received (Y/N):_____   If yes, date: _____

Transcripts Reviewed: Yes, unofficial—initials_____   Yes, official—initials_____   No_____

Educational History			
College	Degree	Date Degree Conferred	Major

Relevant Work History			
Employer	Job Title	Relevant Job Tasks	Dates of Employment

Relevant Certifications			
Certifying Body	Title of Certification	Date Certification Issued	Date Certification Expires

Courses Approved to Teach			
Course	*Relevant* Academic Course Work (list specific courses that qualify the individual to teach the given course; if degree is not in field, list at least 18 semester hours of course work)	*Relevant* Work History	*Relevant* Certifications

Signature of program chair or coordinator:_____

Printed Name: _____   Date: _____

Signature of dean:_____ Date: _____

Signature of VPAA: _____ Date: _____

*Please attach copy of resume, unofficial transcript, and any relevant certifications.