

ALTERNATIVE FACULTY CERTIFICATION

Division/Department:

College Now

Division/Department Dean:

Certification for:

L#

Last Name First Name

Effective Date:

End Date:

Date / Year

(If applicable)

Date / Year

Course Number:

Course Title:

This alternative faculty certification is being submitted because the faculty member's background does not meet the minimum qualifications listed in the College Online Policy and Procedure system, Minimum Course Qualifications Procedure, for the following type of course:

Lower Division Collegiate

Career/Technical Education

Developmental Education

The reasons I judge the faculty member to be well qualified are as follows:

(Attached detailed explanation if needed including certifications, resume, transcripts, etc.)

This request for alternative faculty certification is **supported by:**

Lead Faculty (if applicable)

Date

Division/Department Dean

Date

This request for alternative faculty certification is **approved by:**

AVP/ Vice President

Date

President (if lower division collegiate)

Date

Distribution after final approval

Original to: Academic and Student Affairs

Copy to: Division/Department

Copy to: Human Resources

Revised: August 2020