**ALTERNATIVE FACULTY CERTIFICATION**

**Division/Department:** Click or tap here to enter text. **College Now** [ ]

**Division/Department Dean:** Click or tap here to enter text.

**Certification for:** Click or tap here to enter text. **L#** Click or tap here to enter text.

 **Last Name First Name**

**Effective Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

 **Date / Year (If applicable) Date / Year**

**Course Number:** Click or tap here to enter text. **Course Title:** Click or tap here to enter text.

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.)*

Click or tap here to enter text.

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