FACULTY CERTIFICATION

L#: _____ **Last Name, First** _____ **Name:**

Division/Dept: _____

Contracted Faculty: ☐ **Part-Time Credit Instructor:** ☐ **College Now:** ☐

Specific Course(s)/activities CERTIFIED to be taught/performed

Note: Use "tab" key when entering data in the table. It will add extra rows as you need them.

Add **D**elete **C**ontinued or **R**evised	**Effective Date** (month/year)	**Course Number** (Include all suffixes as appropriate; use same syntax as class schedule)	**Course/Activity Title**

Add – New Course	**Delete** – Remove Courses	**Continued** – All the courses for which nothing has changed	**Revised** – All the courses for which the minimum qualifications have changed

SIGNATURES:

Faculty Member _____ Date _____

Division Dean/Director _____ Date _____

AVP / VP _____ Date _____

Distribution after final approval
Original to: Academic and Student Affairs
Copy to: Division/Department
Copy to Human Resources

REF: OAR 589-008-0100
Collective Bargaining Agreement

Revised: November 2019