

Policy Source: Gwinnett Tech	Owner: Vi Affairs	ice President of Academic	Effective: 6/2018		
Division: Academic Affairs		Reviewed: 6/2018, 5/2019, 12/2020 Revised:			

## 5.5.18F GT Faculty Credential Approval Form

## **Faculty Credential Approval**

. acarry	Orcacillai App							
Employe	e Information							
Name	Click here to	enter text.	Division	Division		Click here to enter text.		
Position	Full Time □	Adjunct □	Date		Click h	ere to enter a da	ate.	
Title	Click here to enter text		Course(s) to be taught		Click here to enter text			
Documen	itation							
		Yes	No		N/A			
Application	on							
Resume								
	ent Verification							
ıranscrıp	ots (attach copies)							
	Type of Degree/Diploma	Major		Gran	ting Inst	titution	Date Earned	
	Click here to enter text	t. Click here to	enter text.	Click h	ere to ent	ter text.	Click here to enter a date.	
Click here to enter text.  Click here to enter text.		t. Click here to	Click here to enter text.		Click here to enter text.		Click here to enter a date.	
		t. Click here to	Click here to enter text.		Click here to enter text.		Click here to enter a date.	
	Click here to enter text	ick here to enter text. Click here to enter text. Click here to enter text.		ter text.	Click here to enter a date.			
Additional	Academic Hours:	Click here to en	ter text.					
Certificati	ion/Licensure							
	Title		Granting Agency  Click here to enter text.		Date of Issue (M/D/Y)	Date of Expiration (M/D/Y)		
Click here to enter text.  Click here to enter text.		r text.				Click here to enter a date.	Click here to enter a date.	
		Click here to enter text.			Click here to enter a date.	Click here to enter a date.		
Justificat	ion Form							

Verification of Review



Division Dean		
Vice President of		·
Academic Affairs		
		_
Evaluation		
ADDITIONAL COMMENTS		
Click here to enter text.		