



Submission Checklist

This form (with department head and college dean signatures)

Faculty member's curriculum vita (CV)

Signed Faculty Qualification Verification Form (from Academic Affairs)

Is this a New Application OR Renewal

General Information:

Faculty Name: T#:

Title: _____ ATU Email: _____

College: _____ Department: _____

Program:

Qualifications:

This individual holds a doctorate, Ed.S., or terminal degree in the appropriate field or discipline

OR

This individual has expertise in the field sufficient to stand in lieu of the degree (please describe below or attach explanation)

Course(s) This Individual Will Teach:

Course Prefix & Number	Course Name

Signatures:

Department Head: _____ Date: _____

Dean of College: _____ Date: _____

Dean of Research
& Graduate Studies: _____ Date: _____