**ALTERNATIVE QUALIFICATIONS FOR FACULTY CERTIFICATION**

**Division/Department:**

**Division/Department Dean:**

**Certification for: Effective Date:**

 **Last Name, First Name Month/Year**

**Course Number:** **Course Title:**

Submitting alternative qualifications for faculty certification because the faculty member’s background is not an exact match with existing certification requirements listed in the College Online Policy and Procedure System, Instructor Qualifications: Credit.

 [ ]  Lower Division Collegiate Instructor

 [ ]  Career/Technical Instructor

 [ ]  Developmental Education Instructor

The reasons I judge him/her to be well qualified are as follows:

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Lead Faculty (if applicable) Date Division/Department Dean Date

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Executive Dean Date Vice President Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

President (if lower division) Date