



MINIMUM COURSE CERTIFICATION STANDARDS

Department _____

Course Number Course / Activity Title Effective date
(month/year)

Course/Activity Qualifications

EDUCATION:

Certificate _____

Associate _____

Bachelor's _____

Master's _____

Doctorate _____

and/or
EXPERIENCE:

and/or
SKILLS:

and/or
OTHER:

Department Chair / date

Vice President / date

Original to: Office of Instruction
& Student Services

Copies to: Division/Department
Human Resources Office