FACULTY CERTIFICATION

L#:	Last Nan	ne, First Name:			
Division/De	pt:				
Contracted F	aculty:	Part-Time Cre	dit Instructor:		
Specific Co	ourse(s)/activitie	s CERTIFIED t	o be taugh	t/performed	
Note: Use "tab" key when entering data in the table. It will add extra rows as you need them.					
Add Delete Continued or Revised	Effective Date (month/year)	Course Numbe (Include all suffixes as use same syntax as o	s appropriate;	Course/Activity T	itle
dd – New Course Delete – Remove (Courses Continued – All the courses for nothing has changed			he courses for which the fications have changed
SIGNATURE	ES:				
Faculty Member		Date	Division	Dean/Director	Date
Executive Dean		Date	-		

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Revised: October 2015