Williamsburg Technical College
Faculty Credentials Verification Form

Name (Last, First MI): _____   **Permanent** ☐   **Temp.** ☐

Disciplines Approved for Teaching:
(May use course prefixes; indicate if Transfer or Non-Transfer, or Dev.)

Educational Credentials

College/University	Degree	Major	Transcript Received/date (HR Signature)

If required credential, List Semester Hours in Discipline

College/University	Course	Course Title	Credit	GR/ UG
Total Sem. Hours				

Applicable Work History or Professional/Trade Certifications:

Additional Justification Required: Yes   No
    (If yes, attach Justification Documentation)

Meets SACS Guidelines: Yes   No

Completed by: _____   _____
                                                         (Date)
Approval: _____   _____
             Vice President for Academic Affairs   (Date)
Approval: _____   _____
             President   (If Justification Required)   (Date)