

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)

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