Williamsburg Technical College
Faculty Credentials Verification Form

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

Faculty ID Number: _____

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

College/University	Degree	Major	Transcript Received/date

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:

_____ _____
Academic Affairs Academic Coordinator (Date)

Completed by: _____ _____
Vice President for Academic Affairs (Date)

Revised 11/20 db