

DEAN'S RECOMMENDATION FOR EMPLOYMENT

Today's Date _____ TYPE OF CONTRACT: _____

Is this person currently employed by a UNC Institution other than Appalachian State University? _____

New to faculty (i.e. has not taught for previous two semesters)? _____ If yes, first day of employment: _____

Prefix: _____ Last 4 SSN _____ BID _____ Email Address: _____

Full Legal Name of Faculty: _____

Current Citizenship: ___ U.S. Citizen ___ Resident Foreign National ___ Non-Resident Foreign National ___ Visa Status

Contracting Department _____ Time Sheet Org. _____

Home Address:

Duty Station (City & State) _____ APT Approval Date _____

Proposed salary: _____

If revised, salary on original contract: \$ _____

Proposed Rank/Title: _____

Position number: _____ FOAP-FUND _____ ORG. _____ ACCOUNT _____ PROGRAM _____

CONTRACT PERIOD:

Academic Year(s) _____ Fall Semester _____ Spring Semester _____ Summer Session(s) _____

Administrative Appointment Contract Period: _____ (Attach Duties)

Other Timeframe (Specify Date) _____

List Courses & Sessions:

_____ Hours of instruction (Semester hours) _____ Hours per week (For instruction, refer to UNC System equivalence chart)

_____ If revised, hours of instruction on original contract _____ If revised, hours per week on original contract

TYPE OF APPOINTMENT: _____

If Assistant Professor Tenure-Track, list Years of Service toward Tenure _____

If Associate Professor Tenure-track, list - Year of Contract _____

If Other, (Please specify) _____

Approved for Grad Faculty Status:

SPECIAL CONTINGENCIES AND/OR ADDITIONAL COMMENTS (if needed, add additional documents)

Date
Form Revised Jan 2024

Dean's Signature

Provost/Vice Chancellor Signature



Faculty Certification of Credentials

This form documents that instructional faculty meet Southern Association of Colleges and Schools (SACSCOC) qualifications for teaching. This form must be completed for all full-time and part-time employees who are or will be listed as instructors of record. Send this completed form along with any supporting documentation to the appropriate Dean's Office.

Section 1: Employee Information

College: Choose an item. Department: _____ Check One: New Faculty Continuing Faculty

Instructor's Last Name: _____ First Name: _____ MI: _____

Academic Rank: Choose an item. Status: Choose an item. Check all that apply: Visiting
 Clinical Research EPA Non-faculty Staff Phased Other _____

Section 2: Earned Degree Information

Earned Degree (highest first)	Discipline/Major of Degree	Institution	Year	Official Transcript on File? (Y/N) ¹

Section 3: Eligibility

List course prefix of teaching discipline(s) for which instructor is qualified to teach according to SACSCOC Degree Guidelines Listed below:

Faculty teaching undergraduate general education and/or baccalaureate courses: doctor's or master's degree in the teaching discipline or master's degree with a concentration in the teaching discipline (minimum of 18 semester hours in the teaching discipline).

Faculty teaching graduate and post-baccalaureate course work: earned doctorate/terminal degree in the teaching discipline or a related discipline.

Graduate Teaching Assistants: master's in the teaching discipline or 18 graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations.

Course Prefix of Teaching Discipline	Check ONE of the following: Instructor qualified to teach...		Check ONE of the following: Qualification based on...	
	BOTH Baccalaureate and Graduate courses	ONLY Baccalaureate Courses	SACS Degree Guidelines	Additional Qualifications (must fill out page 2)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ If no official transcript is on file in the appropriate Dean's Office for the highest degree earned, please request instructor to secure the official transcript and submit to appropriate Dean's Office as soon as possible.



Section 4: Additional Qualifications for Instructional Faculty Who Are Not Degree Qualified

Complete this section for all instructional faculty who are not degree qualified according to the SACSCOC Degree Guidelines documented in Section 3. Please check all Additional Qualifications that apply, and explain each checked item in the space provided. Supporting documents such as vitae, transcripts, copies of licenses and certifications, etc. should be submitted with this form.

<input checked="" type="checkbox"/>	Additional Qualifications
<input type="checkbox"/>	Degree(s) from Related Discipline
<input type="checkbox"/>	Research and Publications
<input type="checkbox"/>	Professional Licensure or Certification
<input type="checkbox"/>	Special Training
<input type="checkbox"/>	Related Work Experience
<input type="checkbox"/>	Documented Teaching Excellence in Discipline
<input type="checkbox"/>	Honors, Awards, or Special Recognition
<input type="checkbox"/>	Other Competencies or Achievements

Explanation/Justification Narrative

Department Chair's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____