

DEAN'S RECOMMENDATION FOR EMPLOYMENT

Date _____

TYPE OF CONTRACT: NEW REVISED* CORRECTED* (*If not hours or salary, explain under comments)

Name of Prospective Faculty: _____ SS# _____

____ Dr. ____ Ms. ____ Miss. ____ Mrs. ____ Mr. BID _____

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

Department _____ Time Sheet Org. _____ CIP Code _____

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

Address to which offer letter is to be sent: _____ Email Address _____

Is this person new to the faculty (i.e. has not taught for previous two semesters)?
____ YES ____ NO If yes, first day of employment _____

Is this person currently employed by a UNC Institution other than Appalachian State University? ____ Yes ____ No

Proposed salary: _____

If revised, salary on original contract: \$ _____

Proposed Rank/Title: _____

FOAP-FUND _____ ORG. _____ ACCOUNT _____ PROGRAM _____

Position number from which she/he will be paid: Pos. # _____

If proposed salary is higher than funding in above position, please attach Position Budget Transfer Form.

CONTRACT PERIOD:
____ Academic Year(s) _____ Appointment (9months) ____ Fall ____ Semester ____ Spring ____ Semester
____ 12 Month Appointment ____ Summer I ____ Year ____ Summer II ____ Year
____ Other stated definite time period (Please specify): _____

LIST COURSES TEACHING: _____

____ Number of hours of instruction (Please equate to semester hours)
____ Hours per week (For instruction, please refer to UNC System equivalence chart)
____ If revised, number of hours of instruction on original contract
____ If revised, number of hours per week on original contract

TYPE OF APPOINTMENT _____ EMPLOYEE CLASS _____
____ One-year temporary appointment
____ Non-tenure track appointment
____ Assistant Professor Tenure-Track – Years of Service toward Tenure _____
____ Associate Professor Tenure-track - Year of Service toward Tenure _____ Contract Length _____
____ New Tenured
____ Replacement for a regular faculty member on leave
____ Part-time appointment
____ Other (Please specify) _____

SPECIAL CONTINGENCIES AND/OR ADDITIONAL COMMENTS:

____ Date _____ 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: _____