

**CENTRAL TEXAS COLLEGE
Review of Faculty Qualifications**

Site	Region	Campus	Date
Faculty Member's Name	SSN	Part-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>
Review Based Upon:	New Hire <input type="checkbox"/>	Change of Teaching Field <input type="checkbox"/>	Change in Curriculum <input type="checkbox"/>
	Contractual Requirement <input type="checkbox"/>	Currency Related to New & Emerging Technology <input type="checkbox"/>	

LIST PROGRAMS/COURSES TO BE TAUGHT (e.g., MATH, POFT, PSYC): _____

SECTION I: QUALIFICATION ACADEMIC PREPARATION

___ **Certificate in** _____

___ **Associate's Degree in** _____

___ **Bachelor's Degree in** _____

___ **Master's Degree in** _____ **and** _____ ***GSH in** _____

___ **Doctorate Degree in** _____ **and** _____ ***GSH in** _____

**Graduate course to be used for the 18 GSH required in the teaching field are identified on the attached transcripts.*

SECTION II: RELATED WORK/TEACHING EXPERIENCE

___ **Years occup. exp. in** _____

___ **Years teaching exp. in** _____

___ **Graduate Training in Remedial Education** _____

SECTION III: LICENSURE/CERTIFICATION

Title of License/Certification _____ **License/Certification #** _____

State in which issued _____ **Date it was issued** _____

SECTION IV: REVIEW APPROVAL

- The Application for Employment, Transcripts, Occupational Experience for Workforce Education Faculty (CTC Form 202), and other appropriate licensure or certification, if applicable, are attached and have been forwarded to the Deputy Chancellor Education Program & Support Services.**
- OR**
- I have granted emergency permission of the above faculty member to teach term _____ / _____ Semester. The emergency permission expires at the end of the term, dependent upon submission of full employment credentials as required in CTC Policy 160. A copy has been forwarded to the Deputy Chancellor Educational Program & Support Services and the Director of Employment Services**

Campus Dean CTC Form 9A (Rev. 11/00)	Date
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