CENTRAL TEXAS COLLEGE
Faculty Approval/Disapproval Notice

_____ _____ _____
Applicant's Name SSN Campus/Site Code

_____ Adjunct _____ Full-time

_____ _____
Course(s) Date

Review based on:

_____ New hire
_____ Change of teaching field
_ _ Change in curriculum
_____ Contractual requirement
_____ Currency related to new/emerging technology

A CTC Application and/or *CTC Form 202 Occupational Experience Career and Technical Education Faculty* for the above named person has been received, processed, and signed by the appropriate Campus Dean. Transcripts, necessary licensure/credentials, and a completed *CTC Form 9 Review of Faculty Qualifications* are attached.

_____ The individual meets all the requirements for the position noted in *Policy 160* and is approved to teach the course(s) listed above.

_____ The individual meets the requirements for demonstrated contributions as specified in *Policy 160*. *CTC Form 204 Outstanding Professional Experience and Demonstrated Contributions to Teaching Discipline in Lieu of Faculty Academic Preparation Requirement* is attached with the appropriate documentation.

_____ The individual does not meet the requirements established for the position by *Policy 160* and is not approved because he/she:

_____ Lacks appropriate work experience.

_____ Lacks appropriate formal education.

_____ Lacks appropriate licensure/credentials.

_____ _____
Deputy Chancellor, Educational Program and Support Services Date

CTC Form 16