

Casper College Faculty Qualification Review

Faculty/Applicant: _____ **Date of Review:** _____

Academic School: Business & Industry _____ Fine Arts & Humanities _____
Health Sciences _____ Science _____ Social & Behavioral Sciences _____

Faculty/Applicant Academic Degrees (transcripts are on file):

Associate _____ Bachelors _____ Masters _____ Ed.S. _____ Doctorate _____

Alternative Credentials (e.g., tested experience, training, certification, professional license):

- **Tested Experience** - “a breadth and depth of experience outside of the classroom in real-world situations relevant to the discipline” (HLC, October 2015 Guidelines):

- **Training relevant to academic discipline(s):** _____

- **Certifications relevant to academic discipline(s):** _____

- **Professional License(s) relevant to academic discipline(s):** _____

It is verified this faculty member or potential faculty member holds the minimum faculty credential to teach the following academic disciplines or specific courses:

Department Chair/Program Director Signature

Academic Dean Signature

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Academic Development Plan

This academic development plan has been developed to assist _____
obtain the following degree(s) and/or credentials to teach Casper College academic classes:

This academic development plan will be completed by _____.

Faculty Member Signature **Date**

Academic Dean **Date**

Vice President of Academic Affairs **Date**