

**Faculty Qualifications Verification Summary**

Name: Social Security Number:

Division: Department:

Position: Status:

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**EDUCATION**

Degree: Degree Field:

Institution:

Degree: Degree Field:

Institution:

Degree: Degree Field:

Institution:

**Licensures /Certifications**

Certification: Certification Source:

Valid Until:

Certification: Certification Source:

Valid Until:

Certification: Certification Source:

Valid Until:

Courses approved to teach:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Division Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Vice Chancellor for Academic Affairs and Student Affairs Date

Form 2122/007 (4/22)