



Evaluation of Instructor/Candidate Credentials

(Regardless of what form is filled out, approval signatures MUST be completed on Page 2)

Name of Course, Number and Section: _____

Name of Instructor/Candidate: _____

Term: (____) Spring (____) Summer (____) Fall Year: _____

1. Does the instructor/candidate have official transcript in our records for his/her highest degree? ____ Yes ____ No
2. (a) (For General Education Courses or non-occupational* courses), does the Instructor/candidate have a master's degree or higher in the discipline or subfield that he/she is teaching?
____ Yes (*List the degree/major/field below*) ____ No

(b) (If No, does the instructor/candidate have a master's degree or higher in ANY discipline and at least 18 graduate credit hours in the discipline or subfield in which they teach?

____ Yes (*List the 18 course credits*) ____ No

(c) If No, proceed to the Tested Experience Evaluation (page 2) and respond to the question: Has the instructor/candidate passed the tested experience evaluation?

____ Yes ____ No

Criteria to approve/not approve an instructor/candidate from teaching a course:

1. *If the answer to question (1) is No, then the instructor/candidate cannot teach the proposed course.*
2. *If the answer to questions (1) and (2) are Yes, then the instructor/candidate can teach the proposed course.*
3. *If the answer to question (1) is Yes and the answer to question (2) is No, but the answer to the question (2.b) is Yes, then the candidate can teach the proposed course.*
4. *If the answers to questions 2.a, and 2.c are No, then the instructor/candidate cannot teach the proposed course.*
5. *If the answers to questions 2.a, b and c are No, then the instructor/candidate cannot teach the proposed course.*

Is the instructor/candidate approved to teach the course?

____ Approved ____ Not Approved

