								]	
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								-	
SECTION III: COURSE(S) TO BE INSTRUCTED (Prefix and Course Number)									
SECTION IV: OTHER QUALIFICATIONS TO BE CONSIDERED  Please check all other qualifications that apply to the discipline and should be considered for credential certification at the level requested.  Attach a short narrative listing specific details of each									
Exceptional professional experience									
Special training									
Awards and honors									
I verify that the following are attached: 1) Current Vita; 2) Original Transcripts of the Two Highest Degrees NO COPIES; and/or 3) Recommend a Graduate Faculty appointment (if applicable).									
						Office of	the Provost U	Ise Only	]
						Cu	rrent Vita	Tran	scripts
I have read the Faculty Credential Categories and propose the following									
degree category for this faculty member.  Category Dean's Signature Date ————————————————————————————————————									
	-								

## **FACULTY CREDENTIAL CATEGORIES**

**A:** Levels 000-999