

Adjunct Approval and Credential Form Date: _____First Name:_______Middle Initial:_____ Last Name: Location: Main Campus Rolla Online Dual Credit_____ Other___ (name of institution) (indication location) New Employee Current Employee ECC Retiree Current Adjunct seeking additional credential Primary Discipline: Secondary Discipline: Please indicate which semester/class start date for this instructor. Spring _____ Summer ____ Winter Intersession ____ Other____ 2nd 8 weeks 14 weeks 1st 8 weeks 16 weeks Please use the chart below to indicate the courses/discipline requesting the credential to teach. Please see HLC guidelines for appropriate credentialing and the Faculty Credentialing Process for additional information. Approved Emergency Approved Provisionally Course Name and Number. Credential Approved Provide details in the Provisional If approved for all course in discipline, Provide details in the credential section Please list subject name/All emergency credential section Please indicate qualifications specific to credentialed discipline. Highlight degree/courses to support discipline credential on attached transcript. Degree, License/Certification Indicate if credential (include expiration date and Institution Discipline is for primary or license/certification number) secondary discipline



Rationale for credential: (include any tested experience or alternative credentials considered)	
rationale for Provisional credentials; Include necess redentialed.	sary requirements and timeline to move from Provisional to ful
ationale for Emergency credential; Include emerge	ency credential plan to move to provisional (with expiration da
<u>.</u> .	
	Recommend full credentialRecommend provisional credential
	Recommend emergency credential
Dean Signature/Date	Other:
year signature, bate	
	Approved Not Approved
Vice President Academic Affairs Signature/Date	
Comments for recommendations not approved.	
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