# Adjunct and Part-Time Faculty Certification of Credentials Form

**Complete this form for any person listed as instructor of record who is not in a full-time teaching position at Longwood**.

Tab through the form fields or click to enter text. Click to select or de-select a checkbox. Fields will expand to fit contents.

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| --- | --- | --- | --- |
| Person completing form: |  | **Date:** |  |

## Section 1: Instructor of Record Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: |  | | | First Name: |  | | | Middle: |  |
| Hiring Department: | |  | | | | College: | CCCAS  CEHHS  CBE | | |
| Part-Time Instructional Status: | | | Adjunct  Longwood A/P  Clinical Educator (part-time)  Retired/Emeritus | | | | | | |
| First semester of teaching in department:  Fall  Intersession  Spring  Summer Year: | | | | | | | | | |

## Section 2: Course Information

*List* ***all courses the instructor will or could be scheduled to teach****. For cross-listed courses, list both prefixes. If the instructor could teach any course with a specific prefix, enter UG or GR for the Course Number to indicate the level and leave the Course Title blank.*

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| --- | --- | --- |
| ***Course Prefix*** | ***Course Number*** | ***Course Title*** |
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|  |  |  |

## Section 3: Graduate Degrees

*List all* ***earned graduate degrees*** *that are related in any way to the courses to be taught.*

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| --- | --- | --- | --- | --- |
| ***Degree*** | ***Major Field*** | ***Minor Field*** | ***Year*** | ***Institution*** |
|  |  |  |  |  |
|  |  |  |  |  |

*For a* ***relevant graduate degree in progress****, indicate the anticipated year of completion.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Degree*** | ***Major Field*** | ***Minor Field*** | ***Year*** | ***Institution*** |
|  |  |  |  |  |

## Section 4: Coursework and Other Qualifications

*Adjuncts for* ***Undergraduate only****: If the instructor does not have at least a master’s degree with 18 graduate credit hours in the discipline, list the* ***18 graduate credits*** *(****course numbers, titles and credit hours*** *as shown on the transcripts) related to the courses in Section 2.*

*Adjuncts who will teach* ***Graduate****: The terminal degree in the field is the expected degree for teaching graduate courses. Strong justification for those teaching graduate courses without a graduate degree is required for approval.*

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*List* ***additional qualifications*** *related to the courses to be taught. This includes professional licenses and certifications, non-teaching experience, honors and awards, and scholarly publications.* *In all cases, clearly describe the relationship between these qualifications and the course content and/or expected outcomes of the course(s) assigned to the instructor. For professional licenses and certifications, include the full name of the granting organization, the type of license or certification, and the dates.*

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## Section 5: Approvals

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| --- | --- | --- | --- |
| Department Chair: |  | Date: |  |
| Dean: |  | Date: |  |
| Associate PVPAA: |  | Date: |  |

**Send this completed form with the Compensation Status Change (CSC) form and a current CV to Academic Affairs.** If transcripts were provided by the candidate, please include them. Please do not staple this form to the hiring report, CV or transcript. Official transcripts must be sent to Academic Affairs as soon as possible after the contract is signed.