JACKSON STATE UNIVERSITY FACULTY CREDENTIALS REVIEW FORM FULL-TIME & PART-TIME FACULTY APPLICANTS (Please type)



This form must be completed by the department chair and all appropriate documents submitted to the Office of Academic Affairs for review prior to a contract for faculty appointment being issued.

Name of Faculty Member Proposed Rank		Academic Department			
		Highest degree earned in teaching discipline			
Highe	est degree earned in a related field, if applicable	If certificate held, please list			
Name of institution conferring degree or certificate		Location of institution/organization conferring degree or certificate			
(1) •	Is the degree-conferring institution a regional U.S. Department of Education? YES NO	lly accredited institution and recognized by the			
3) •	Is the institution outside the United States? If the institution is non-regionally accredited OR is located outside the United States, evidence of appropriate academic preparation must be provided by having diploma/credentials evaluated by World Education Services, Inc. The WES evaluation must be attached to this document for consideration.				
	YES NO				
(4) •	degree in the academic discipline being taught YES NO - if no, list the required 18 graduate hou	oplicant faculty member hold at least a <i>master's</i> t? rs in the teaching discipline OR the acceptable ulty member to teach in the academic discipline:			
(3 hrs.)		(3 hrs.)			
(3 hrs.)		<u>(3 hrs.)</u>			
(3 hrs.)		(3 hrs.)			
(5)	If teaching <i>graduate courses</i> , does the applican the academic discipline being taught? YES	t faculty member hold the required <i>doctorate</i> in			
	NO - if no, does the applicant hold the doctora	te in a related discipline?			
Profe	ssional Experience Substitution Summary(attac	h a senarate sheet, if necessary):			

- (6) Attach the completed Jackson State University application for employment and, three letters of recommendation, and a current Curriculum Summary Vita which includes:
- ► Education
- ► Work Experience
- Publications
- ► Research Conducted/Papers/Presentations/Creative Endeavors
- (7) Attach one copy of official, original (not photocopies) transcripts for all graduate level course work from all institutions attended for which credit was earned even if a degree was not conferred.

Additional Data - this section must be completed by department chair

Applicant's Date of Birth Social Security Number	⊐Male ⊐Female	# of Years in Higher Education
Does the applicant have experience with any of the fol	lowing? If so, brie	efly describe: (1) on-line education
(2) grant writing		
(3) accreditation		
(4) international education		
-		
Tenure Condition:		
□ Tenure Track	_Propo	osed Salary Budget # PC#
□ Non-Tenure Track	T.,	
Years Credit Toward Tenure	qualifi	ary comparable to others with similar rank, fications and experience? If not, de justification on separate sheet.
Justification for new hire:		

I certify the above information is accurate and has been verified by me:

Signature	of	Chair
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Signature of Dean Return to: Office of Academic Affairs 7th Floor Administration Tower Post Office Box 18330 Jackson, MS 39217-0299 Date

Date

Revised: October 2007