



FACULTY CREDENTIAL CERTIFICATION

Form Must Be Typed
Print on Goldenrod
Revised June 2025

Provost/Academic Affairs
333 Wells Hall

M#

SECTION I: EMPLOYEE INFORMATION

Last	First	Middle Initial	Rank	Starting Semester
MSU College/School or Racer Academy High School		MSU Department		Dept Phone

- ☐ Full-Time Faculty ☐ Appoint to **Full** Membership Graduate Faculty
Full-time faculty with appropriate terminal degree
- ☐ Adjunct Faculty ☐ Appoint to **Associate** Membership Graduate Faculty
Other qualified full-time and all adjunct faculty
- ☐ Military Science ☐ Racer Academy ☐ Category Change
(Attach Justification Memo)
- Other _____

SECTION II: DEGREE INFORMATION

Original transcripts for the two highest degrees and a current vita must be submitted.

GRADUATE	College/University	Major	Major Hours	Subconcentration	Degree	Date Awarded

UNDERGRADUATE	College/University	Major	Major Hours	Subconcentration	Degree	Date Awarded

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 and provide documentation/copies of all certifications, licensures, training, or research.

- ☐ Degree(s) from related discipline ☐ Exceptional professional experience in requested discipline ☐ Documented Scholarly Research or publications in related discipline
- ☐ Credentials, Licensure(s) Ex. CPA ☐ Special training ☐ Other competencies

•TO BE COMPLETED BY CHAIR

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).

Chair's Signature

Date

•TO BE COMPLETED BY DEAN

I have read the Faculty Credential Categories and propose the following degree category for this faculty member.

Category

Dean's Signature

Date

Office of the Provost Use Only

- ☐ Current Vita ☐ Transcripts

Category Authorized _____

Date Approved _____
