COLLEGE OF PUBLIC HEALTH

Teaching SACS Credentialing Request

(Use This Form When a Current Faculty Member or Graduate Assistant Has Not Been Previously Credentialed to Teach a Specific Course)

Semester/Year: __________________

GEMS ID# ___________________, GEMS Record # _________, Dept: __________

Name: __________________________________________________________________________________________________________

Address: _________________________________________________________________________________________________________

Work Telephone: (____) ___________   Home Telephone: (____) ___________   E-mail Address: _____________________________

EMPLOYEE CLASSIFICATION

Faculty: List Current Rank/Title: ________________________________________________________________

____ Faculty on a Position (Regular or Visiting)   FTE: _________   FTE: _________

Joint Faculty - List Home College/Dept: _____________

Graduate Assistants:

Undergraduate Teaching

____ 9183: Teaching Associate (salaried)   Must be PhD level student w/ 30+ semester hrs.

____ 9184: Teaching Assistant (salaried)   Must be PhD level student w/18-29 semester hrs.

Course Assistant

____ 9550: Graduate Instructional Assistant (salaried) - Must be Master’s or PhD level student

CREDENTIALING REQUEST FOR :

Course Number   Course Title

Check Applicable Statement:

____ First Time Credentialing

____ Credentialed Previously at COPH, for what course(s)

EMPLOYEE’S ACADEMIC ADVISOR (required for all TA/GIA – 9183, 9184, and 9550 – appointments):

As part of the SACS Credentialing process, COPH-HR must confirm that a student who is assisting with a Graduate-Level course has already taken the course and/or is not required to enroll in the course at a future point in his/her academic program. By signing below, you, as the student’s academic advisor, are indicating that the student is not required to enroll in this course at a future date.

Advisor Approval: ___________________________________________________________________________

Advisor Name (Print)   Signature     Date

Requested by: ____________________________________________________________________________

Supervisor or Chair (Print)   Signature     Date

New Form 03/21/08

SACS Review:

Does Faculty/Graduate Assistant Meet SACS requirements?   Yes __ No __

For Course Number/s & Title/s: ________________________________

Approved by Marilyn Batchellor: ________________________________ Notes: