

VINCENNES UNIVERSITY FACULTY CREDENTIAL FORM (FCF-TE)
Tested Experience

FACULTY NAME: _____ DATE: _____

INSTRUCTIONAL PROGRAM AREA: _____
 (Specific area being requested i.e. Accounting, Mathematics – not specific courses)

SUBMITTED BY: _____ PHONE: _____
 Name of VU personnel completing the form. This form should
NOT be completed by the Faculty being reviewed for employment.

This approval model is typically reserved for Career and Technical courses, but may apply to academic or professional courses in specific disciplines or circumstances. In lieu of traditional credentials, a candidate may submit a strong body of evidence that would replace the traditional credentials. The body of evidence should carry sufficient strength of information to affirm to a higher education peer that the individual is equivalently qualified to teach the course as those with traditional credentials. The body of evidence, commensurate with the applicable discipline, must include supporting materials for validation and documentation. **Please refer to the Academic Credentialing Chart for the applicable faculty credentialing requirements.**

Types of Courses	Degree Attainment/Credentials	Select Course Type (Choose One)
General Education or Non-Occupational	Bachelor's Degree <u>with</u> a combination of discipline specific coursework <u>and</u> extensive, externally validated expertise and/or ability in the discipline or related area. External validation does <u>not</u> include teaching experience in the discipline. External validation may include, but is not limited to, publications or significant public recognition.	
Professional	Associate Degree (or higher, as determined by the department) in the discipline or related area, coursework commensurate with departmental requirements and, where applicable, certifications and industry specific experience.	
Career and Technical or Occupational	Combination of education, training, applicable licensures/certifications, and relevant occupational experience commensurate with the level of expertise required in the discipline.	

Applicant's Current Credentials (i.e. work experience, applicable licensures/certifications):

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REVIEWED BY:

Select One

Select One

Non-Vincennes Campus

Vincennes Campus

Department/Program. Chair Date

Department/Program Chair * Date

Senior Director/College Dean Date

College Dean Date

Vice President Date

Provost Date

*Department/Program Chair must designate faculty liaison for dual credit instructors: _____
Faculty Liaison

RATIONALE FOR DENIAL; EXPLAIN HOW DEFICIENCIES COULD BE REMEDIED TO MEET CREDENTIAL GUIDELINES