

VINCENNES UNIVERSITY FACULTY CREDENTIAL FORM (FCF-EM)

Emergency

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.

Under extenuating circumstances, Vincennes University may approve (on an emergency basis only) an individual who does not currently meet VU's faculty credentialing requirements. A late resignation, family emergency, or an unexpected instructor illness are examples of extenuating circumstances that may warrant considerations for an emergency approval. An instructor may be approved on an emergency basis until the end of the semester or academic year in which the course is being taught. An instructor may not be approved or hired under the emergency approval process for more than two semesters (including partial) within the same academic year. Continued approval for the same instructor beyond these timeframes or entering into a new academic year will only be considered if he/she meets the requirements of the traditional, tested experience, or provisional approval models.

EXCEPTION VALID FOR
 NO MORE THAN TWO
 SEMESTERS IN THE
 SAME ACADEMIC YEAR

ONE SEMESTER
 (Indicate Term)

TWO SEMESTERS
 (Indicate Term)

Types of Courses	Degree Attainment/Credentials	Select Course Type (Choose One)
General Education or Non-Occupational	Have a Master's Degree <u>OR</u> a minimum of a Bachelor's Degree in the discipline or related area.	
Professional	Have a <u>minimum</u> of an Associate's Degree (varies by program) in the discipline or related area.	
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.	

Circumstances that warrant emergency approval:

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

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REVIEWED BY:

Non-Vincennes Campus

Vincennes Campus

Select One

Select One

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

NEW Please select one:

New VU Faculty

Returning VU Faculty