

CREDENTIAL REVIEW FORM

Chairpersons shall fill out the following information to ensure guidelines are followed and credentials are in order for STC to meet the SACS requirement. Division Deans shall acknowledge the credentials by signing the form.

If you have questions regarding an institution being accredited, you may contact the Human Resources Evaluator at 872-3722.

DIVISION/DEPARTMENT _____

CHAIRPERSON/ PROGRAM CHAIR _____

APPLICANT _____

Interviewed ____YES ____NO

Degree Required _____ **Meets Requirements** ____YES ____NO

Name of Institution	Degree(s) earned	Major	No. Hrs.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

____ Requirement met by degree **OR** ____ Requirement met with degree and the following classes:

Institution	Course Number	Course Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Signature Program Chair

Date

Signature Division Dean

Date

REMINDER: ALL OFFICIAL TRANSCRIPTS MUST BE SENT DIRECTLY TO THE OFFICE OF HUMAN RESOURCES PRIOR TO FIRST DAY OF EMPLOYEMENT. This form shall be attached to the finalist's recommendation packet. The entire recommendation packet is submitted to the Human Resources Evaluator BEFORE the HR department delivers to the Vice President for approval.