ROUTING FORM FOR PROPOSED CHANGES TO ACADEMIC POLICY, CURRICULUM CHANGES, STATUTES
EAST GEORGIA STATE COLLEGE

NAME OF POLICY/PROPOSAL: Academy Qualifications Profile and Authorized Course Assignment Parameters

Attach a complete copy of the proposed change as acted upon by the APCC or Faculty Senate. If changes made to proposal prior to adopting, please note the person and governance body making the change on the proposal, initial and date the change. Copies of appropriate documentation should be attached to the form with each submission and should be retained at each level. Please indicate the type of proposal being submitted:

New Course [_] New Degree Program [_] Changes to Degree Program Requirements
Deactivate Course [_] Discontinue Course [_] Reactivate Course
Discontinue Degree Program [_] Deactivate Degree Program
Reactivate Degree Program [_] Statutes Revision
Policy Proposal. [_] Policy Revision
Other: 

ACADEMIC POLICIES AND CURRICULUM COMMITTEE (APCC)

Initiated and Submitted to APCC

Signature ___________________________ Date ____________

Dean Approval:

Signature ___________________________ Date ____________

APCC Action: Approved [X] Denied [ ] Returned [ ] Tabled [ ]
Signature of Vice President for Academic and Student Affairs, Chair ___________________________ Date ____________

Comments:

APCC Chair submits to Faculty Senate

FACULTY SENATE

Facultly Senate Action: Approved [X] Denied [ ] Returned [ ] Tabled [ ]
Signature of Faculty Senate President ___________________________ Date ____________

Comments:

Faculty Senate President sends to EGSC President and to the Vice President for Academic and Student Affairs
Note: Revisions to EGSC Statutes require approval of President’s Cabinet and must be submitted to Chief of Staff/Legal Counsel for routing to President’s Cabinet and routing to President. Please indicate “EGSC Statutes revision” on this form.

President’s (or designee’s) Action: Approved [X] Denied [ ] Returned [ ] Tabled [ ]
Signature ___________________________ Date ____________

Comments:

Distribution By: ___________________________ Date ____________

Signature ____________

President retains original ACADEMIC POLICY/PROPOSAL ROUTING FORM

President’s Office Distributes Copies To:

Faculty Senate—President
Academic Policies & Curriculum Committee—Chair/VPASA
Chief of Staff/Legal Counsel

9/19/18
Faculty Qualifications Profile and Authorized Course Assignment Parameters

Faculty Information:

Last Name: Click or tap here to enter text.
First Name: Click or tap here to enter text.

Highest degree Awarded: Click or tap here to enter text.
Degree Granting Institution: Click or tap here to enter text.

Employment Information

School: □ Humanities and Social Sciences □ Mathematics and Natural Sciences

Employment Status:

□ Full time □ Part time
□ Instructor □ Tenure Track □ Tenured

Academic Rank:

□ Instructor □ Assistant Professor
□ Associate Professor □ Professor

Date Hired: Click or tap to enter a date.
Courses Credentialed to Teach and AREA A-E Core and 1000/2000 Courses:

Check all categories of qualifications that apply.

<table>
<thead>
<tr>
<th>Course Prefix and Title</th>
<th>Terminal Degree in Discipline</th>
<th>Terminal Degree in Area of Speciality Related to Major</th>
<th>Master's Degree in Teaching Discipline</th>
<th>Master's Degree and 18 hrs. in Teaching Discipline</th>
<th>*Other Teaching Credentials</th>
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*Complete Table Other Teaching Credentials on page 5*
Course Credentialed to Teach and AREA F and 3000/3000 Courses:

Check all categories of qualifications that apply.

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<th>Terminal Degree in Discipline</th>
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*Complete Table Other Teaching Credentials on page 5
**Other Teaching Credentials:**

Faculty who cannot be credentialed to teach by formal academic preparation may qualify by other than academic credentials.

<table>
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<tr>
<th>Credentials</th>
<th>Prefix of Course to be Taught</th>
<th>Other Teaching Credentials</th>
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<tbody>
<tr>
<td><strong>A. Publications, presented papers, visual and performing arts</strong></td>
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<td><strong>B. Work experience prior to employment at EGSC</strong></td>
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<td><strong>C. Post degree facilitated learning experiences (professional development)</strong></td>
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<td><strong>D. Licensures and Certificates</strong></td>
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<td><strong>E. Honors and Awards</strong></td>
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Completion of the form:

Prepared by: Click or tap here to enter text.
Position: Click or tap here to enter text.
Date: Click or tap to enter a date.
Signature:

Approval by the Dean:

School: ☐ Humanities and Social Sciences  ☐ Mathematics and Natural Sciences
Name of the Dean: Click or tap here to enter text.
Date: Click or tap to enter a date.
Signature:

Approval by the Vice-President of Academics and Student Affairs:

Name of the Academics and Student Affairs: Click or tap here to enter text.
Date: Click or tap to enter a date.
Signature:
"Faculty Qualifications Profile and Authorized Course Assignment Parameters" History

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