**LETTER of QUALIFICATIONS (LOQ) TEMPLATE**

**(Full Time and Adjunct Faculty)**

DATE: Enter Date

TO: John Wall

Provost and Vice President of Academic Affairs

FROM: Enter Name and Title of Dean or Program Administrator

VIA: Enter Name and Title of Supervising Dean

Enter Name of Associate Provost/V.P./A.V.P.

RE: Letter of Qualifications to support the Faculty Credential Requirements for *Enter Name of Faculty Member*

It is my recommendation that the college approve *Enter Name of Faculty Member* for the following course(s), based on the included supporting information*.*

*List courses, include Course prefix and title*

|  |  |  |  |
| --- | --- | --- | --- |
| Course Prefix: | Title: | Course Prefix: | Title: |
| *ACG2021* | *Financial Accounting* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Enter Name of Faculty Member* has *provide justification narrative that supports this faculty members qualifications to teach the above referenced course(s)*.

I have attached *Enter Name of Faculty Member* *portfolio, awards, accolades, letter(s) of recommendation, biography, etc.* (ensure any documents listed are attached) as supporting documentation.

□ APPROVED □ NOT APPROVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Wall, Provost and Vice President of Academic Affairs

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_