**LETTER of VERIFICATION (LOV) TEMPLATE**

***(Career Education Only)***

DATE: Enter Date

FROM: Enter Name of Dean, Title and Campus

*Enter Name of Faculty Member* meets the recommended Florida College System (FCS) Alternative Faculty Credentials as identified in the *Guidelines on Transfer Agreements and Faculty Credentials and Qualifications* manual for the following course(s):

*List courses, include Course prefix and title*

|  |  |  |  |
| --- | --- | --- | --- |
| Course Prefix: | Title: | Course Prefix: | Title: |
| *ACG2021* | *Financial Accounting* |  |  |
|  |  |  |  |
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Statement of Qualifications *(Cut and paste the exact credential recommendation from the FCS Guidelines on Transfer Agreements and Faculty Credentials and Qualifications manual, for example:)*

**Discipline:** Transportation, Distribution & Logistics

**Program:** Automotive Service Technology

**Primary Qualifying Credential:** Bachelor degree in Automotive OR Bachelor degree plus Associate degree in Automotive plus ASE certification

**Suggested Alternative Credentials:** Associate degree in Automotive plus ASE certification plus 2 years work experience in field

All required supporting documentation noted above under “Suggested Alternative Credentials” has been reviewed and verified by me and is either attached to this letter or on file in the official Human Resources file.

APPROVED APPROVED

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Associate Provost/A.V.P./V.P. Sonja Cross, Director of Talent Acquisition

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

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