

APPLICATION FOR ADDITIONAL CREDENTIALING

PLEASE READ INSTRUCTIONS CAREFULLY: The appropriate academic administrator is responsible for completing this document, in concert with the applicant, who assumes full responsibility for providing all necessary documentation and signatures.

This form can only be used on a current faculty employee teaching in the same discipline that he/she was previously credentialed for and who has already completed the APPLICATION FOR CREDENTIALING.

Last Name	First Name	Middle Name	Maiden Name or Suffix	EMPLID

1) Is this employee teaching additional courses in the same discipline that they have already been credentialed for?
 Yes No * * **Please complete the APPLICATION FOR CREDENTIALING.**

2) Please list the current credentialed discipline(s): _____

Additional Course(s) Qualified to Teach at FSCJ:								
Please list the additional courses in the same discipline that you are requesting the instructor to teach. <i>For each course, list Course (ENC1101), PeopleSoft Acad. Org (11315) and PeopleSoft Course ID (109288)</i>								
Course:	Academic Org:	Course ID Number:	Course:	Academic Org:	Course ID Number:	Course:	Academic Org:	Course ID Number:

SIGNATURES

**HUMAN RESOURCES WILL NOT ACCEPT THIS DOCUMENT UNLESS SIGNED BY ALL APPROVERS (INSTRUCTIONAL DEAN AND ASSOCIATE PROVOST/A.V.P./V.P.)*

Position reports to (Print Name): _____ *Employee ID #:* _____ *Title:* _____

Evaluation completed by (Print Name): _____ *Title:* _____

Signature: _____ (Digitally Signed) *Date:* ____ / ____ / ____

Approval Signatures: Name (Print): _____ *Signature:* _____ (Digitally Signed) *Title:* **Instructional Dean**

Name (Print): _____ *Signature:* _____ (Digitally Signed) *Title:* **A.P./A.V.P./V.P.**