

# ALTERNATE CREDENTIALING FORM

## (For use with non-tenure-track faculty appointments)

Before completing this form, you may find it helpful to review the faculty credentialing requirements set forth by SACSCOC. To do so, please visit:

<https://sacs.utk.edu/wp-content/uploads/sites/59/2020/11/UTK-Faculty-Credentialing.v19.pdf>

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Date: \_\_\_\_\_ Name of Requestor: \_\_\_\_\_

Academic Unit: \_\_\_\_\_

Full Name of Candidate: \_\_\_\_\_

Has alternate credentialing previously been submitted for this person?      Yes      No

What course(s) will this person teach? (Please list the name and course number, as well as a short description, of all courses this person will teach.)

| Course Name | Course # | Term(s) Taught | Description |
|-------------|----------|----------------|-------------|
| _____       | _____    | _____          | _____       |
| _____       | _____    | _____          | _____       |
| _____       | _____    | _____          | _____       |
| _____       | _____    | _____          | _____       |

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Will this person be the instructor of record for the course(s)? (i.e., the person qualified to teach the course(s) and who provides direct instruction for the course.)      Yes      No

Will this person co-teach the course(s)?      Yes      No

If yes, with whom will they co-teach the course(s)? \_\_\_\_\_

Is the co-instructor a regular, full-time UTK faculty member?      Yes      No

What is the teaching effort percentage split for this co-teaching event (e.g., 50/50, 75/25, etc.), and what percentage applies to this candidate (if other than 50/50)?

\_\_\_\_\_

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What degrees, if any, does this candidate currently hold? (Please include the area of study, i.e., MFA - Music, MFA - Creative Writing, PhD - Chemistry, BS - English.) If there is no degree, please note any completed graduate credit hours in the field, if available.

Please describe the experience/qualifications this candidate possesses that will qualify as alternate credentials to teach the course(s). Please include years of experience for these experiences/qualifications (e.g., related work experiences in the field, professional licensure and certifications related to the teaching assignment, honors and awards, continuing professional development, relevant peer-reviewed publications, and/or continuous documented excellence in teaching).

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Name of Person Completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
*Vice Provost for Faculty Affairs*