FACULTY ACADEMIC ADVANCEMENT APPROVAL FORM

This form is to be used by faculty members seeking approval for additions to their academic credentials. (See **Faculty Handbook**, Faculty Compensation Plan.)

_____ _____
Name Colleague ID

_____ _____
Department/Program Division

_____ _____
Highest Degree Held Discipline/Major of Highest Degree Held

Primary Area of Instruction: _____

Proposed Course(s) Information (if taking more than three classes please use an additional form)

_____ _____ _____ _____
Course Rubric Number Title Credits

_____ _____ _____
University Start date End date

_____ _____ _____ _____
Course Rubric Number Title Credits

_____ _____ _____
University Start date End date

_____ _____ _____ _____
Course Rubric Number Title Credits

_____ _____ _____
University Start date End date

State how this course fits with your academic preparation, faculty assignment, professional development, and future goals:

Employee signature _____

Approvals:
Department Chair _____
Dean _____
Associate VP _____
VPAA _____

Faculty member is responsible for providing Official Transcript with course completion to Human Resources Department at achumanresources@actx.edu.