

Policy Source: Gwinnett Tech	Owner: Vice President of Academic Affairs		Effective: 6/2018
Division: Academic Affairs		Reviewed: 6/2024 Revised:	

5.5.18F GT Faculty Credential Approval Form

Faculty Credential Approval

Employee II	nformation					
Name	Click here to e	enter text.	Division	С	lick here to enter text	
Position	Full Time □	Adjunct □	Date	С	lick here to enter a da	ate.
Title	Click here to e	enter text.	Course(s) to be tai	ught	lick here to enter text	
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Documentati	ion	V	N.	N.I.	10	
		Yes	No	N/	A	
Application					_	
Resume Employment	t Verification]	
	(attach copies)]	
Ту	/pe of egree/Diploma	Major	Ш	Grantin	g Institution	Date Earned
	ick here to enter text.	Click here to e	nter text.	Click her	e to enter text.	Click here to enter a date.
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Additional Aca	ademic Hours:	Click here to ent	er text.			
Certification/	/Licensure					
Tit	tle		Granting Agency		Date of Issue (M/D/Y)	Date of Expiration (M/D/Y)
Cli	Click here to enter text.		Click here to enter text.		Click here to enter a date.	Click here to enter a date.
Cli	ick here to enter	enter text. Click here to enter tex		text.	Click here to enter a date.	Click here to enter a date.
Justification	Form]	

Verification of Review



Division Dean		
Vice President of		·
Academic Affairs		
		_
Evaluation		
ADDITIONAL COMMENTS		
Click here to enter text.		