



# ACCREDITATION EVIDENCE

**Title:** Adjunct Faculty Approval Form

**Evidence Type:** Corroborating

**Date:** April 2017

**WAN:** 22-0383

**Classification:** Resource

**PII:** No

**Redacted:** No





# Adjunct Faculty Approval Form

WWCC courses will not start without an approved instructor.

## Candidate Information

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degrees Awarded <sup>‡</sup>	Req	Current Certifications <sup>‡</sup>	Req
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

<sup>‡</sup>Degrees and certifications marked as "Req" are required for consideration.

## Course Information<sup>†</sup>

Course #:	Course Name:	Credentials*	Approved <sup>†</sup>	Denied**
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>†</sup>Face-to-face and online courses should be approved independently.

\*Indicates applicant meets minimum faculty credential guidelines as developed by FT faculty in accordance with HLC Guidelines.

\*\*If denied, see below for explanation.

## Approval

Credentials: Approved (see above)  Denied  If denied, explain. \_\_\_\_\_

Teaching Demo: Approved  Denied  If denied, explain. \_\_\_\_\_

Interview: Approved  Denied  If denied, explain. \_\_\_\_\_

Conditional Approval:  No Conditions  Conditions<sup>™</sup>

<sup>™</sup>If conditions apply, provide an explicit description of conditions and/or requirements.

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Dept. Liaison Assigned <input type="checkbox"/>	Dept. Liaison:	Continuous Sourcing <input type="checkbox"/>
Hire Now <input type="checkbox"/>		Online <input type="checkbox"/>
Local <input type="checkbox"/>	Outreach <input type="checkbox"/>	

**Review**

Department Instructor(s)<sup>Δ</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Liaison: \_\_\_\_\_

Division Chair: \_\_\_\_\_

Dean of Academics: \_\_\_\_\_

VP of Student Learning: \_\_\_\_\_

**sign** **print** **date**

<sup>Δ</sup>A majority of department members must sign for approval.

**Office Use Only**

Budget Code: \_\_\_\_\_

Budget Code \_\_\_\_\_

Budget Code: \_\_\_\_\_

Timesheet     Stipend