

**APPROVAL OF INSTRUCTOR CREDENTIALS FOR GENERAL EDUCATION
OR DEGREE COURSEWORK AT BRANCH CAMPUS OR OFF-CAMPUS SITE**

The purpose of this form is for the department chair or dean to affirm that the credentials of the instructor of record who is teaching a general education or degree program course offered at a branch campus or an off-campus instructional site that originates at the Tallahassee campus meets the requirements set out in [Policy 3A-2 Credentialing Instructors of Record](#). **When an instructor is being credentialed using the “Other Degree” or “Alternative Credentials” options in ICS, this completed form must be uploaded to the university’s Instructor Credentials System (ICS) with all other evidence in an instructor’s profile.** This form is not required for general education or degree program courses originating at the branch campus or off-campus instructional site.

Full Name of Instructor:

Course 1:

- Prefix, Number, Title, Credit Hours:

Course 2:

- Prefix, Number, Title, Credit Hours:

Documents Reviewed (Please check at least one box and note the documentation reviewed):

- Official transcript showing doctorate or terminal degree in the discipline for the course being taught
- Official transcript showing doctorate or terminal degree in a related discipline specified on the terminal degree list for the course being taught
- Official transcript showing an earned master’s degree with a concentration (18 graduate semester hours) in the discipline for the course being taught
- Official transcript showing an earned master’s degree with a concentration (18 graduate semester hours) in a related discipline specified on the terminal degree list for the course being taught
- Alternative credentials (e.g., resume, professional license) and a justification statement

I hereby affirm that the abovementioned person is appropriately credentialed and meets the requirements set out in [Policy 3A-2 Credentialing Instructors of Record](#). I also affirm that the relevant documentation and a justification statement (if needed) have been uploaded to the university’s Instructor Credentials System (ICS).

Full Name: _____ **Title:** _____

College/Department: _____

Signature: _____ **Date:** _____

For any questions or concerns, please contact the Office of Faculty
Advancement and Development at FDA-Faculty@fsu.edu.