## Jacksonville State University **Departmental Faculty Roster Validation Form**

## Forward with a copy of your Faculty Roster to the Office of the Provost by August 1<sup>st</sup> each year

College/Division	Department/Unit	Department Head/Director
Date	Upcoming Academic Year	

□ All faculty on the attached Faculty Roster are properly credentialed to teach their assigned courses during the upcoming academic year.

□ The faculty member(s) listed below earned additional credentials\* to teach assigned courses during the upcoming academic year.

Faculty Member Name	Course/Courses	Credential Earned/Required

\*For each faculty member listed above, request they provide the required credential(s) to the Office of the Provost before August 1<sup>st</sup> of the upcoming Academic Year.

		Office of the Provost Use:
		Credentials Received
Signature of Department Head/Director	Date	
		Date
		Initial
Signature of Dean/Director Supervisor	Date	
Signature of the Provost	Date	l i i i i i i i i i i i i i i i i i i i