**THE UNIVERSITY OF TENNESSEE AT MARTIN**

**Faculty Qualifications Report**

**“Outstanding Professional Experience and**

**Demonstrated Contributions to the Teaching Discipline”**

**APPROVALS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Submitted: |  |  | Initial |  | Date |
|  |  | Chair: |  |  |  |
|  |  | Dean: |  |  |  |
|  |  | Vice Chancellor: |  |  |  |

**FACULTY MEMBER INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Full-time | |  | Part-time | |  |
| Most Advanced Degree: | |  | | Discipline: | |  | | | | | | |
| Institution Awarding Degree: | | |  | | | | | Year Awarded: | | |  | |
| Number of graduate semester hours in teaching field for which request is being made: | | | | |  | | | | | | | |

**REQUESTED TEACHING RESPONSIBILITIES:** List the catalog discipline, course number, and title of ALL courses to be taught by the individual. The table may be expanded as needed.

|  |  |  |
| --- | --- | --- |
| **Discipline** | **Number** | **Title** |
|  |  |  |
|  |  |  |
|  |  |  |

**JUSTIFICATION OF FACULTY MEMBER’S QUALIFICATIONS TO TEACH REQUESTED TEACHING RESPONSIBILITIES:** On the next page, justify the faculty member’s qualifications to teach EACH COURSE requested. List additional qualifications or experiences that have prepared the faculty member to teach the courses listed. In particular, list:

* additional degrees, licensures, or certifications, *including dates,* held by the faculty member that specifically support the content of the course;
* specific graduate courses (number and title) or other training, *including dates,* that explicitly support the faculty member’s acquisition of content knowledge related to the content of the course in question;
* additional sources of content knowledge (such as workshops or conferences attended and the faculty member’s publication or presentation record), *including dates,* related to course content; and
* relevant professional experiences (outside of teaching the same or similar courses on the college level), *including dates,* related to course content.

Where possible, connect qualifications to specific learning outcomes in each course. The table may be expanded as needed. See the instructions for additional information.

|  |  |
| --- | --- |
| **COURSE DISCIPLINE AND NUMBER** | **JUSTIFICATION** |
|  |  |
|  |  |
|  |  |

***A completed FQR consists of this form, a copy of the faculty member’s current vita, copies of the faculty member’s transcripts (unofficial copies are acceptable), and copies of any other documentation (current licenses or certifications, etc.) that supports the faculty member’s qualifications for teaching the course(s) listed.***