

**Justification for Discipline(s)/Course(s)**



**Faculty Name**

**Discipline**

\_\_\_\_\_

**Degrees and Credentials**

**Course(s)**

**Justification**

**Additional Qualification/Experience**

**Publication(s)** (*Book, Journals, etc.*)

**Teaching Experience**

**Signatures:**

\_\_\_\_\_  
Reviewed, Institutional Effectiveness and Research Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified, Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certified, Department Chair or Associate Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved, College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved, Provost & Vice President for Academic Affairs

\_\_\_\_\_  
Date