



**FACULTY RECOMMENDATION FORM**

To be completed by area dean or by academically-qualified faculty member

Name \_\_\_\_\_ Position for which considered \_\_\_\_\_  
 Current Position \_\_\_\_\_  
 Current Academic Rank \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date Form Completed \_\_\_\_\_

**NOTE:** Transcripts and other qualification information/materials must be evaluated by the Dean of the area in which the applicant is being considered for teaching/employment as well as by the Office of Academic Affairs.

**DOCUMENTS RECEIVED:**

- Vita (Date: \_\_\_\_\_)
- Application for Employment

**NOTE: Official copies of all transcripts associated with the anticipated teaching assignments, as determined by the Office of Academic Affairs are required. Transcripts should be sent electronically to [facultytranscripts@umobile.edu](mailto:facultytranscripts@umobile.edu). Paper copies should be sent to the Dean or other appropriate UM representative. Transcripts issued to the applicant are not considered official.**

- Doctoral degree transcript (official)  
 Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Date of Conferral \_\_\_\_\_ Institution \_\_\_\_\_
- Master's degree transcript (official)  
 Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Date of Conferral \_\_\_\_\_ Institution \_\_\_\_\_
- Bachelor's degree transcript (official)  
 Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Date of Conferral \_\_\_\_\_ Institution \_\_\_\_\_
- Other degree (official)  
 Degree \_\_\_\_\_ Major \_\_\_\_\_  
 Date of Conferral \_\_\_\_\_ Institution \_\_\_\_\_

Will be assigned to teach or supervise (specific courses/academic disciplines):

Clinicals only	Undergraduate	Master's	Doctoral
	Lower-level 100-200 level		
	Upper-level 300-400 level		

Transcripts verified as official by \_\_\_\_\_  
 Academic Affairs Office Staff/Date

**AREA OF TEACHING:** (Please distinguish between masters-level and doctoral-level graduate credit hours.)

Teaching Field A \_\_\_\_\_ Graduate Credit Hours \_\_\_\_\_  
 Teaching Field B \_\_\_\_\_ Graduate Credit Hours \_\_\_\_\_  
 Teaching Field C \_\_\_\_\_ Graduate Credit Hours \_\_\_\_\_

Verified by \_\_\_\_\_  
 Dean or Academically-Qualified Faculty Member/Date

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**ADDITIONAL CREDENTIALS/LICENSURES/CERTIFICATIONS:**

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**JUSTIFICATION OF QUALIFICATIONS:**

**(This section must be completed if applicant's academic credentials do not align with guidelines 1-6 noted in section 2.3.1 of the UM Employee Handbook (Faculty Credentials). Additional information may be attached.**

In exceptional cases, the university will consider "appropriate related work experiences in the field, professional licensure and certifications related to the teaching assignment, honors and awards, continuing professional development, relevant peer-reviewed publications, and/or continuous documented excellence in teaching."

*Guideline 7 listed in Section 2.3.1 Faculty Credentials of the UM Employee Handbook*

If the prospective faculty member's qualifications fall under this guideline, list the basis for the "exceptional case" below, and provide corresponding documentation along with this form. **CV's and other materials written by the applicant are not considered documentation.**

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**DATE OF INTERVIEW:** \_\_\_\_\_

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**DENOMINATION:** \_\_\_\_\_  
Articulates a Christian worldview and teaching philosophy consistent with UM's Statement of Christian Affirmation.

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**RECOMMENDATION:**

Initial Rank \_\_\_\_\_  
Beginning Term \_\_\_\_\_

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**Dean's Signature/Date**

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**Signature of Vice President for Academic Affairs/Date**