

The University of Memphis

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THE GRADUATE SCHOOL

VERIFICATION OF ACADEMIC CREDENTIALS

For Teaching Assistants Responsible for Credit Courses Only

Name: _____ Banner ID: _____
Last First Middle

Local Address: _____ Telephone: _____

Academic Credentials (To be completed by approved appointee - An official transcript must be on file in the Graduate School)

The Southern Association of Colleges and Schools criteria requires that graduate teaching assistants must hold a master's in the teaching discipline or must have completed at least 18 graduate semester hours in the teaching discipline, direct supervision by a faculty member experienced in the teaching discipline, regular in-service training, and planned and periodic evaluations. **DO NOT RESPOND "See Vita" on any part of this form.**

1. List all degrees from highest to lowest.

EARNED DOCTORATE

DEGREE _____
MAJOR _____
INSTITUTION _____
YEAR EARNED _____
CITY, STATE, COUNTRY _____
TEACHING DISCIPLINE YES / NO (please circle one)

EARNED BACCALAUREATE

DEGREE _____
MAJOR _____
INSTITUTION _____
YEAR EARNED _____
CITY, STATE, COUNTRY _____
TEACHING DISCIPLINE YES / NO (please circle one)

EARNED MASTERS

DEGREE _____
MAJOR _____
INSTITUTION _____
YEAR EARNED _____
CITY, STATE, COUNTRY _____
TEACHING DISCIPLINE YES / NO (please circle one)

OTHER / ABD

DEGREE _____
MAJOR _____
INSTITUTION _____
YEAR EARNED _____
CITY, STATE, COUNTRY _____
TEACHING DISCIPLINE YES / NO (please circle one)

2. To be completed if the Graduate Teaching Assistant does not have a master's or doctoral degree in the teaching discipline. Please list 18 credits of graduate level courses the Graduate Teaching Assistant has completed with a "B" grade or better within the discipline the Graduate Teaching Assistant wishes to teach.

TITLE OF COURSE	HOURS EARNED	INSTITUTION	CITY, STATE, COUNTRY	DATE EARNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the information given on this form is true and complete to the best of my knowledge. I understand that falsified information or omission of facts shall be considered sufficient cause for dismissal.

Signature: _____ Date: _____

Academic Credentials (To be completed by department if student does not have 18 semester hours in the teaching discipline)

Please provide justification for employment if the student does not have 18 semester hours in the teaching discipline.

Courses to be Taught

Please indicate course(s) being taught.

Courses:

Starting Term:

Proficiency in Oral English (To be completed by department for ALL student teachers)

Pursuant to UofM Board Policy, I certify that _____ candidate for a teaching assistantship in the Department of _____ meets the following criteria:

- An ability to **SPEAK ENGLISH CLEARLY**.
- An ability to **UNDERSTAND SPOKEN ENGLISH**.
- An ability to **COMMUNICATE EFFECTIVELY** in an academic environment (*e.g., previous successful employment in an academic institution*).

SPEAK Test Score (if applicable): _____

By signing I indicate that I have REVIEWED, VERIFIED, and/or COMPLETED the information on this form and verified this instructor has completed the FERPA Tutorial.

Chair or Designee

(print name)

(phone)

Date