



The University of Texas of the Permian Basin
Verification of Instructor Qualifications (VIQ) Form

Faculty Information

Name of Instructor: _____ EMPL ID _____

College/Department: _____

Discipline/Courses to be Qualified: _____

Will the instructor be the teacher of record? _____

Instructions:

A separate VIQ form for each discipline in which the instructor will teach must be completed.

This form also is required for any already justified and documented instructors teaching in a new discipline.

Please attach: (1) current CV/resume, (2) official undergraduate and graduate transcripts, (3) Faculty Qualifications Justification Letter (if required).

Faculty of Record Type (Please Check ALL Box(es) that Apply)

- Full-time Tenured or Tenure
- Track Full-time (other)
- Part-time
- Adjunct
- Undergraduate Only
- Graduate Faculty
- Developmental Education Instructor
- Graduate Teaching Assistant (GTA)

Academic Qualification Review Questions

1. Does the instructor have a terminal degree in the discipline to be taught? _____

If Yes, please provide the following information:

- Degree: _____
- Major or concentration: _____
- Institution that awarded the degree: _____
- Date the degree was conferred: _____
- Go to item #6 below

If No, go to Item #2 below.

2. Does the instructor have a master's degree in the discipline to be taught? _____

If Yes, please provide the following information:

- Degree: _____
- Major or concentration: _____
- Institution that awarded the degree: _____
- Date the degree was conferred: _____
- Go to item #6 below.

If No, go to Item #3 below.

3. Does the instructor have a masters or doctorate in a field *other* than the discipline to be taught? _____

If Yes, please provide the following information:

- Degree: _____
- Major or concentration: _____
- Institution that awarded the degree: _____
- Date the degree was conferred: _____
- Go to item #4 below.

If No, please answer the following.

- Is the instructor a Graduate Teaching Assistant (GTA)? _____

If Yes, please provide the following information:

- List the Supervising Faculty Member for the course the GTA will teach:

- Attach to this form a copy of the signed GTA appointment letter which details the specific duties, training, supervision, and evaluation of the GTA.
- Is the GTA a full-time graduate student (enrolled in 9 or more semester hours)? _____

If Yes, go to Item #4 below.

If No, on an attachment, please explain why the GTA is not in compliance with the University Graduate Assistant policy which states that GTAs must be enrolled full-time (Handbook of Operating Procedures, Part V). When completed go to Item #4 below.

- If the instructor is **not** a GTA and does **not** have a masters or doctorate then proceed to Item #5.

4. Does the instructor have 18 or more graduate semester hours in the discipline to be taught? _____

If Yes, please provide the information requested below

- List the institution(s) where the graduate semester hours were earned:

- List the completed graduate courses (course number, title, and credits earned) indicated on the official transcript(s).

- Go to #6

If No, go to item #5 below:

5. Using the Faculty Qualifications Justification Letter format and, referring to the Faculty Qualification guidelines in the UT Permian Basin Academic Affairs Handbook, please provide and attach to this form a detailed description of the academic and professional experiences, credentials, etc. that qualify this instructor to teach the course(s) in lieu of formal academic preparation. When completed, go to Item #6.

6. Are the *official* transcripts supporting the academic preparation of the instructor on file in the VPAA's Office? _____

If Yes, please sign below:

If No, please sign below and note before signing that your signature is taken to indicate that you will ensure *official* transcripts have been ordered, and, upon receipt, will be provided to the VPAA's office.

7. In keeping with university policy as stated in the Handbook of Operating Procedures, a Criminal Background Check has been completed? _____

Signatures

Department Chair: _____ Date: _____

Dean of Graduate Studies: _____ Date: _____
(Required for GTAs)

Dean: _____ Date: _____

Provost/VPAA: _____ Date: _____