



**Evaluation of Instructor/Candidate Credentials**

*This form is to be used in the event the same instructor teaches the same course in subsequent semesters*

Name of Instructor: \_\_\_\_\_

Course Name, Number and Section: \_\_\_\_\_

**Credentials last verified:**

<u>Year</u>	<u>Semester</u>
_____	Fall Semester
_____	Spring Semester
_____	Summer Semester

**SIGNATURE OF APPROVAL**

Supervisor: \_\_\_\_\_

**Print Name and Signature**