## UNIVERSITY OF SOUTH ALABAMA **PART-TIME SKILLS LAB TEACHING ASSISTANT APPOINTMENT FORM\***

Instructor Name:	So	Social Security #:					
College:	Department:Effective Term:		ive Term:				
	d courses to teach: (list specific courses) Undergraduate:  Graduate:  Graduate:*						
List Course(s) Faculty Member Approved to Teach: (attach additional sheets, if needed)							

Institution(s) of Higher Education Attended:

Name of Institution	Type of Degree (ex. BS/MS/PhD)	YEAR Awarded	MAJOR

**Postdoctoral Training:** 

Professional Certification(s)/ License(s):

Is Exception form needed? Yes 🔲 No 🔲

If yes, the exception for teaching undergraduate and/or graduate courses form and a Faculty Qualifications Portfolio must accompany this request. See Faculty Qualifications Portfolio Guide on the Academic Affairs website (http://www.southalabama.edu/academicaffairs/forms.html)

## APPROVALS

Chair (includes certifying English Language Proficiency)

Date

Date

Sr. Vice Provost

Date

Dean (includes certifying English Language Proficiency)

**Provost & SVPAA** 

Date

**Date Received** 

Academic Affairs Use Only

*Attach Complete File:		
Original Transcripts (cannot be issued to student)		
Letter of Recommendation from Departmental Chair, including Approval Signature of Dean		
Two Signed Original Letters of Recommendation from External Referees		
Biographical Data Form	J#	Date Received
Curriculum Vita	Distribution of Part-Time Fac	
	Original: Dean's Office Perso	nnel File
USA Faculty Consent Form (Background Investigation)	1 Copy: Departmental Person	nel File
	1 Copy: Academic Affairs Fi	lo