

Cuyahoga Community College FACULTY CREDENTIAL APPEAL FORM

Name:	S #:	Date:
SUBJECT CODE in which you are ap	ppealing an initial denial:	
List any specific courses within the	e discipline above (if applicable):	
Please indicate below the basis for	r your appeal (check one).	
I have a master's de	egree (or higher) in the subject	
I have a master's de	egree (or higher) and at least 18	graduate credit hours in the subject
Exception based on	tested experience	
Supporting Documentation		
Please list below the documentation minimally qualified faculty.	on you are providing as evidence	e you meet the College procedure for
on file in the Human Resource degree granting institution to		
Name of degree: Institution name:		Date earned:

I have a master's degree (or higher) and at least 18 graduate hours in the subject. An official copy of my transcript is on file in the Human Resources Office of Tri-C for consideration. (If needed, please arrange for your degree granting institution to send an official copy of your transcript to the Office of Human Resources, c/o Stephanie Bockmuller at Cuyahoga Community College 2500 East 22nd Street, Cleveland Ohio 44115).

Date earned:

Please list	the specific courses that equate to 18 graduate hou	ırs:
	Course Code and Number	Credit Hours
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
professio	am qualified based on a Tested Experience Exceptional work experience in an area related to this subjectly, and/or I have been recognized as an expert in thi	ct and/or I hold licensure or other

publications, etc. Please attach a current CV/Resume and highlight specific areas applicable to

Attach pages as necessary and please send the completed form and appropriate documentation to:

Provost Office
District Administrative Services
700 Carnegie Avenue
Cleveland, OH 44115

Name of degree:

Institution name:

this exception below.