

The University of Memphis

**THE GRADUATE SCHOOL**

215 Administration Building  
Memphis, TN 38152  
Phone: (901) 678-2531  
FAX: (901) 678-0378

**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**

**EARNED MASTERS**

DEGREE \_\_\_\_\_

DEGREE \_\_\_\_\_

MAJOR \_\_\_\_\_

MAJOR \_\_\_\_\_

INSTITUTION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

YEAR EARNED \_\_\_\_\_

YEAR EARNED \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

TEACHING DISCIPLINE YES / NO (please circle one)

TEACHING DISCIPLINE YES / NO (please circle one)

**EARNED BACCALAUREATE**

**OTHER / ABD**

DEGREE \_\_\_\_\_

DEGREE \_\_\_\_\_

MAJOR \_\_\_\_\_

MAJOR \_\_\_\_\_

INSTITUTION \_\_\_\_\_

INSTITUTION \_\_\_\_\_

YEAR EARNED \_\_\_\_\_

YEAR EARNED \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

CITY, STATE, COUNTRY \_\_\_\_\_

TEACHING DISCIPLINE YES / NO (please circle one)

TEACHING DISCIPLINE YES / NO (please circle one)

2. To be completed if the Graduate Teaching Assistant does not have 18 graduate semester hours in the teaching discipline.

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: \_\_\_\_\_

