

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: _____

Academic Credentials (To be completed by department if student does not have 18 semester hours in the teaching discipline)

Please provide justification for employment if the student does not have 18 semester hours in the teaching discipline.

Please indicate course(s) being taught:

Proficiency in Oral English (To be completed by department)

Pursuant to Tennessee Board of Regents Policy 5:02:01:03, I certify that _____
candidate for a teaching assistantship in the Department of _____
meets the following criteria:

- a. An ability to **SPEAK ENGLISH CLEARLY**.
- b. An ability to **UNDERSTAND SPOKEN ENGLISH**.
- c. An ability to **COMMUNICATE EFFECTIVELY** in an academic environment (e.g., previous successful employment in an academic institution).

SPEAK Test Score (if applicable): _____

By signing I indicate that I have REVIEWED, VERIFIED, and/or COMPLETED the information on this form.

Chair or Designee (print name) (phone) Date