

**FACULTY TRANSCRIPT EVALUATION**

*An original academic transcript must be forwarded directly from the faculty member's college/university to the Office of Human Resources. A copy of the transcript being evaluated must be attached to this form.*

Faculty member's name	Colleague ID or SSN	Campus
Teaching Discipline/Program	Supervising Dean	
Institution Name(s)	Graduate Degree(s)	Date Awarded

**ALL NECESSARY LICENSE(S), CERTIFICATION(S), ETC., HAVE BEEN EVALUATED AND COPY/COPIES ATTACHED. AN EXCEPTIONS FORM HAS BEEN COMPLETED IF APPLICABLE.**

**IF RESTRICTED, CLASSES THE INSTRUCTOR IS QUALIFIED TO TEACH:**

Course	Teaching Discipline 1 (Name)		Teaching Discipline 2 (Name)		Teaching Discipline 3 (Name)		Additional Specialization (Licenses, Certifications) <b>Describe below and attach copies.</b>
	Qtr Hrs	Sem Hrs	Qtr Hrs	Sem Hrs	Qtr Hrs	Sem Hrs	
Total Quarter Hrs							
X 2/3=Equiv Sem Hrs							
Total Semester Hrs or equivalent							

Based upon the degree and/or the number of hours for course work acceptable to Hillsborough Community College the appropriate faculty level to be awarded is: **II (Masters Level)**

Dean	Name	Signature	Date
Campus President	Name	Signature	Date
District Director	Name	Signature	Date

Distribution: Original Copy	- To Human Resources - To Dean	HR Processed	By:	Date:
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