



UNIVERSITY OF  
SOUTH CAROLINA

**Instructor of Record Qualifications**  
**Alternate Credentials**

Instructor of Record's name \_\_\_\_\_

College/School submitting documentation \_\_\_\_\_

In accordance with the policies and procedures set forth in ACAF 1.20, this form should be used when an instructor of record is being credentialed based on qualifications other than academic degree in the teaching discipline, graduate coursework, or status as a graduate teaching assistant. Credentials will most likely include work experience, research, certification, or licenses related to course subject matter, but may also include other experiences that make the instructor uniquely qualified to teach the course(s) listed below.

Please list the course for which alternate credentials are being submitted, and describe the credentials that qualify the instructor to teach the course. Describe the learning outcomes of the course(s) and how those outcomes relate to the instructor's qualifications. Ensure that readers outside of the teaching discipline can understand the instructor's qualifications. *Documentation supporting stated credentials must be submitted with this form.*

<b>Course Name:</b>	<b>Course Subject/Number:</b>
<b>Course Description:</b>	
<b>Alternative Credentials &amp; Related Content:</b>	

**I attest that, to the best of my knowledge, the information and documentation being submitted for this instructor of record are complete and accurate.**

\_\_\_\_\_  
Signature of Program Director, Chair, or Associate Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Associate Dean or Dean

\_\_\_\_\_  
Date