



FACULTY CREDENTIAL ACTION PLAN

FACULTY AGREEMENT:

TO: Vice President for Educational Affairs

I have evaluated the action plan of _____, faculty member in the Department of _____.

PROGRESS REPORT DATE: _____ **ANTICIPATED COMPLETION DATE:** _____

BRIEF SUMMARY: *(Attach supporting documents)*

SIGNATURES:

Signatures indicate agreement with the plan of action developed to bring the credentials of the above named faculty member in compliance with the minimum faculty qualifications required by SACS-COC. Failure to comply with the agreed upon Plan of Action may result in non-renewal of the faculty member's contract or termination.

Faculty Member

Date

Division Director/Department Chair

Date

Associate Vice President/Dean

Date

Vice President for Education Affairs

Date