



# KISHWAUKEE COLLEGE

## New Dual Credit Instructor Credential Review Form

Name of Instructor: \_\_\_\_\_

Name of High School/Vocational Center: \_\_\_\_\_

Kish Course(s) instructor intends to teach:

<b>Course Name</b>	<b>Prefix</b>	<b>#</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does instructor under review hold a Master's Degree in the discipline in which the instructor intends to teach? \_\_\_\_\_ YES, \_\_\_\_\_ NO

If so, what is the name of the graduate degree. \_\_\_\_\_

If not, does the instructor have at least 18 graduate credits in the discipline of the course(s) he/she/they intends to teach and is he/she/they actively pursuing completion of a Master's Degree? \_\_\_\_\_ YES, \_\_\_\_\_ NO

If so, please list the discipline specific graduate courses that have been completed.

If not, does the instructor have at least 9 discipline specific graduate credits and is he/she/they willing to adhere to a Professional Development Plan that assumes completion of an additional 9 credits of graduate coursework in the discipline as well as completion of a Master's Degree if one is not already held? \_\_\_\_\_ YES, \_\_\_\_\_ NO

<b>Course Name</b>	<b>Prefix</b>	<b>Course #</b>	<b>Credits</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**New Dual Credit Instructor Credential Review Form - Signature Page**

I, \_\_\_\_\_, verify that the information provided is accurate.  
*printed name of proposed DC instructor*

I, \_\_\_\_\_, verify that the information provided is correct and accurately  
*printed name of district liaison*  
reflects the qualifications of the proposed DC instructor.

\_\_\_\_\_  
*Signature of proposed DC instructor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of district liaison*

\_\_\_\_\_  
*Date*

**For Kish Office Use Only**

Instructor credentials reviewed by \_\_\_\_\_ on \_\_\_\_\_.  
*Name of Dean* *Date*

Proposed instructor meets Minimum Instructor Qualifications (*check one*):

- Yes (*pending receipt of official transcript*)       Yes, with Professional Dev. Plan
- Needs further review\*       NO\*

*\*(If it is determined that a proposed instructor is not minimally qualified, please provide a rationale drawing upon the academic credential requirements in paragraphs 1,2, or 3 of Section 20 of the DCQA.)*

Rationale (if needed):

\_\_\_\_\_  
*Signature of Dean*

Official Transcript Received \_\_\_\_\_