

Tennessee Technological University
Faculty Qualifications Certification Form

(to be completed with initial employment, with a copy kept in faculty member's department personnel file)
Form is not valid without required documentation.

Name _____

T-Number or last 4 digits SSN _____

Department _____

Initial Appointment (semester/year) _____

Check one on each line:

_____ full-time

_____ part-time

_____ temporary

_____ permanent

_____ non-tenurable

_____ tenure-track

_____ tenured