



**Section I: Faculty Information**

Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Program(s): \_\_\_\_\_

**Section II: Teaching Assignment**

The faculty member listed above is recommended for approval for graduate instruction under exceptional circumstances for the areas and period of time indicated, in accordance with the policy on Certification of Faculty for Graduate Instruction in the Faculty Handbook.

<u>DISCIPLINE(S)/COURSE(S)</u>	<u>PERIOD BEGINS</u> <i>(Month/Year)</i>	<u>PERIOD ENDS</u> <i>(Month/Year)</i>
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**Section III: Credentials**

CERTIFICATION LEVEL: *(Check One)*     Level I     Level II     Level III

JUSTIFICATION: (Required - attach CV and additional pages if needed. See back for additional instructions):

**Section IV: Approval**

APPROVED BY:

_____	_____	_____
Department/School Graduate Committee Chairperson (Print)	Department/School Graduate Committee Chairperson (Signature)	Date
_____	_____	_____
Graduate Program Director (Print)	Graduate Program Director (Signature)	Date
_____	_____	_____
Department/School Chairperson (Print)	Department/School Chairperson (Signature)	Date
_____	_____	_____
College Graduate Committee Chairperson (Print)	College Graduate Committee Chairperson (Signature)	Date
_____	_____	_____
College Dean or Designee (Print)	College Dean or Designee (Signature)	Date
_____	_____	_____
*Provost or Provost's Designee (Print)	Provost or Provost's Designee (Signature)	Date

(Rev. 07/2020)

*\*Note: Original requests for Exceptional Certification of Faculty for Graduate Instruction should be submitted to the Graduate School for approval by the Provost or Provost's Designee. When approved, the original form with supporting documentation will be returned to the Dean's Office for official recordkeeping.*

## Exceptional Certification of Faculty for Graduate Instruction – T3 Form Instructions

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This form is to be submitted for review/approval for graduate faculty requiring exceptional certification at least one week prior to the payroll processing deadline based on the faculty member's start date.

### **Section I: Faculty Information**

Section I should be completed for the faculty member seeking certification.

### **Section II: Teaching Assignment**

Please indicate the discipline(s)/course(s) to be taught. The beginning and ending months/years in which the faculty will be assigned should also be listed, **not to exceed three (3) years.**

### **Section III: Credentials**

Select the certification level in which the faculty member is eligible to teach. Provide a justification for the appointment and include a Curriculum Vita. The justification should include the department's plans to cover discipline(s)/course(s) with full-time graduate-certified faculty in the future and an explanation as to why this is not possible currently. The justification can be attached, if necessary.

### **Section IV: Approval**

#### **Submission of Certification Form and the Graduate School & Academic Affairs Approval**

Signed certification forms and supporting documents should be submitted electronically in PDF format to the Graduate School ([graduateschool@odu.edu](mailto:graduateschool@odu.edu)). Certification forms will be reviewed by the Graduate School and approved by the Provost or Provost's Designee. The Graduate School will send the original form back to the College Dean's office for recordkeeping. Once the approval process is complete, the payroll paperwork can be submitted for processing.