



Concurrent Education Instructor Approval Form

Concurrent Instructor: _____

Division/Department: _____

Dean/Program Coordinator: _____

After reviewing academic credentials, I affirm that this instructor is qualified to teach the courses listed below in accordance with Arkansas State Law and the standards of the National Alliance of Concurrent Enrollment Programs.

Department	Course Number	Course Title
Department	Course Number	Course Title
Department	Course Number	Course Title
Department	Course Number	Course Title

Signature of Academic Dean _____
Date

Signature of Vice Chancellor of Academics _____
Date

After this review, it has been determined the instructor is not eligible to teach _____
for the reason(s) indicated below:

_____ Instructor has not furnished proof of graduation from an accredited master's program.

_____ Instructor has not earned a minimum of (18) graduate hours in the subject area(s) they have applied to teach.

If you have additional transcripts or information that would be helpful to address the above issue, please contact Ashley Hankins with the Concurrent Enrollment Office.

Signature of Academic Dean _____
Date

Signature of Vice Chancellor of Academics _____
Date