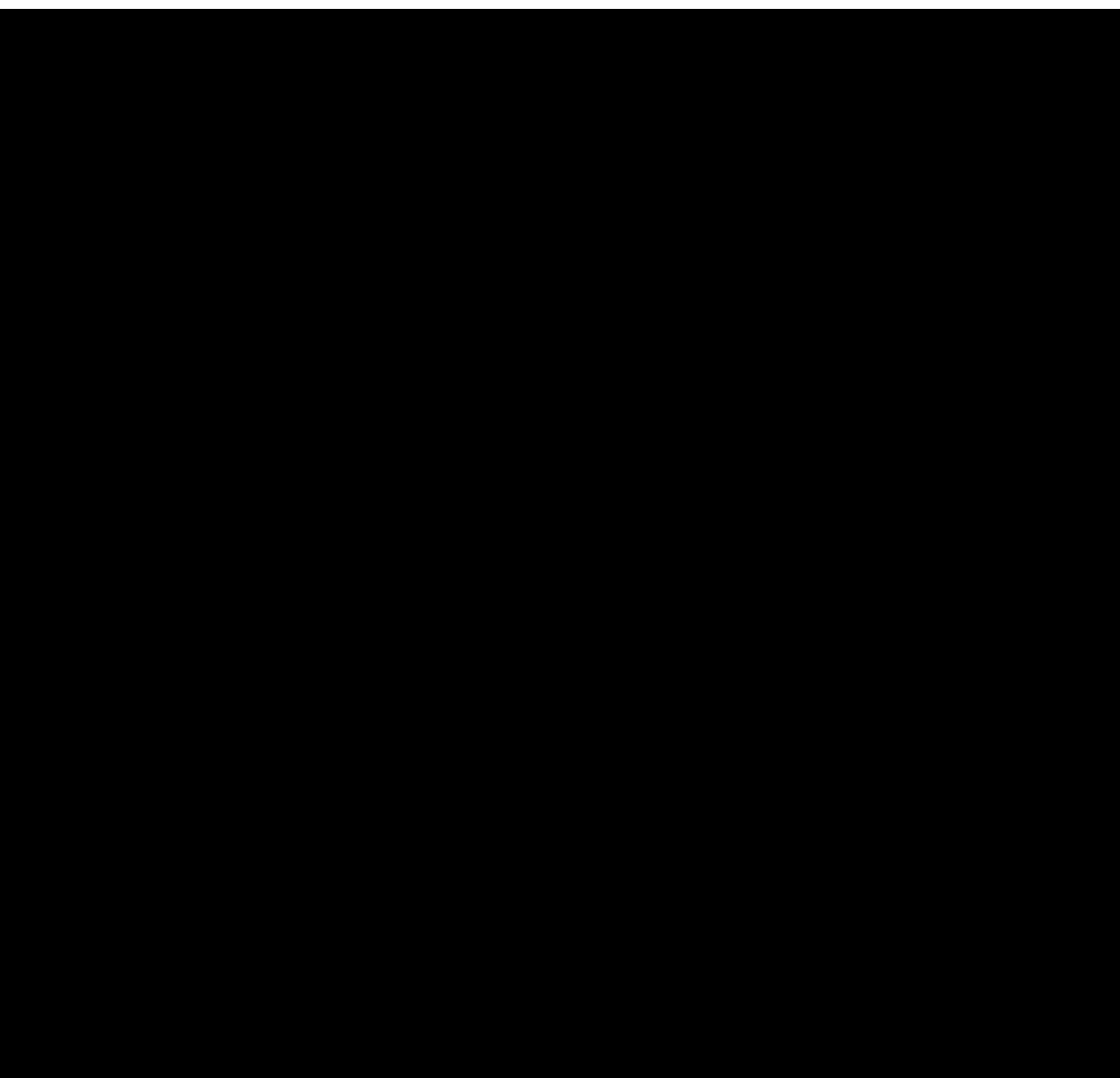# INSTRUCTOR CREDENTIALS FORM

Instructor Name: _____ **Academic Area**: _____

☐ Full-Time   ☐ Part-Time   **Credential Level:**   ☐ Group A   ☐ Group B   ☐ Group C

Instructor Name: _____ **Academic Area**: _____

☐ Full-Time   ☐ Part-Time   **Credential Level:**   ☐ Group A   ☐ Group B   ☐ Group C