

VERIFICATION OF CREDENTIALS

| verify | y the credentials of _ | (Name of Candidate) | and fo | ound them to b | e true |
|--------|--------------------------|---|---------------------|--------------------|-------------------------------|
| _ | | , | | | |
| and n | neeting the qualificat | ions required of this position. | | | |
| List l | below all degrees ea | rned: | | | |
| gree | Major | Degree Institution | Date Awarded | Terminal Degree | Officia Transcr Attache |
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| degre | | transcripts for the degrees above the following documentation: n(s) (if applicable) | (not required for A | ndrews Unive | ersity |
| Signot | nura: Danartmant Chair/H | lead Date | | | |
| Signal | ure: Department Chair/H | Date Date | | | |
| requi | iring a degree for th | e completed for ALL faculty apple position. Please submit this other with the Recommendation cable. | form to the Emplo | yment Offic | e |