

ROANE STATE COMMUNITY COLLEGE

CERTIFICATION/FACULTY FORM

Recommended Appointee's Name: _____

Social Security Number: _____

This form must be submitted with the Employment Compliance Form and will, upon official appointment to a faculty position, become a part of the appointee's personnel record.

Please check the appropriate area:

_____ Adjunct Faculty:

I certify the recommended appointee can communicate with students in the English language in compliance with TBR Policy Number 5:02:01:03.

_____ Regular Faculty

I certify the recommended appointee has successfully completed a mini-teaching unit in the course discipline to be taught and can communicate with students in the English language in compliance with TBR Policy Number 5:02:01:03.

_____/_____
Chair, Selection Committee/ Date

Discipline