



Senior Vice President for Academic Affairs & Provost

RECOMMENDATION FOR STUDY ABROAD FOREIGN FACULTY APPOINTMENT

Faculty Name (First, Middle, Last) _____ *Birthdate (mm/dd/yyyy) _____

Study Abroad Program Name _____ *Gender: M__ F__

Faculty Program Director Name _____

Conversant in English Y__ N__ Effective (check one): Fall__ Spring__ Summer__ Year_____

**Birthdate & Gender required for UGA Identity Management Verification*

COLLEGIATE AND PROFESSIONAL EDUCATION

Degree ***	Institution	Year	Major Discipline	Minor Discipline
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****Use US Degree Equivalency (PhD, MS, MA, BS, BA, etc.) and List High Degree First*

PRIOR OR CURRENT ACADEMIC EXPERIENCE

Year(s)	Institution	Rank/Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

REQUIRED SUPPORTING DOCUMENTATION

1) As faculty director of the above named UGA Study Abroad Program, I have reviewed [UGA Academic Affairs Policy Manual, 1.09-13 Documenting Credentials of Foreign Faculty Teaching in UGA Courses in UGA Study Abroad Programs](#) and submit the enclosed official documentation for the highest degree earned by this foreign faculty member using the following credentialing method (check one):

PREFERRED METHOD (transcript, accompanying certification docs if from foreign institution): _____

ALTERNATIVE METHOD* (contractual arrangement, written attestation of degree credentials): _____

**Alternative degree credentialing method requires prior approval from Office of International Education*

2) Current CV in English emailed to covert@uga.edu (check one): Yes__ No__

RECOMMENDED BY:

APPROVED BY:

Faculty Program Director

Date

Director of Faculty Affairs

Date