



OLD DOMINION UNIVERSITY

The Graduate School



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Name: \_\_\_\_\_ UIN#: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Program(s): \_\_\_\_\_

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DISCIPLINE(S) | K h Z ^ ~ ^ •

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CERTIFICATION LEVEL: (Check One) †À/

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APPROVED BY:

\_\_\_\_\_  
Department/School Graduate Committee Chairperson (Print)

\_\_\_\_\_  
Department/School Graduate Committee Chairperson (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Director (Print)

\_\_\_\_\_  
Graduate Program Director (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/School Chairperson (Print)

\_\_\_\_\_  
Department/School Chairperson (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Graduate Committee Chairperson (Print)

\_\_\_\_\_  
College Graduate Committee Chairperson (Signature)

\_\_\_\_\_  
Date

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ŽNote: Original requests for Exceptional Certification of Faculty for Graduate Instruction should be submitted to the Graduate School for approval. Once approved, the original form with supporting documentation will be returned to the Dean's Office for official recordkeeping.

# Exceptional Certification of Faculty for Graduate Instruction – T3 Form Instructions

This form is to be submitted for review/approval for graduate faculty ~~1/15/15~~ at least one week prior to the ~~1/15/15~~ processing deadline ~~1/15/15~~ ~~1/15/15~~

Section I should be completed for the faculty member seeking certification.

indicate the discipline(s)/course(s) ~~1/15/15~~. The beginning and ending ~~1/15/15~~ s/years in which the faculty will be assigned should also be listed,

the certification level in which the faculty member is eligible to teach. ~~1/15/15~~ Justification ~~1/15/15~~ (1/15/15) appointment and ~~1/15/15~~ include a Curriculum Vita. ~~1/15/15~~ This should include ~~1/15/15~~ department plans to cover discipline(s)/course(s) with fulltime graduate-certified faculty in the future and an explanation as to why this is not possible currently. ~~1/15/15~~ ~~1/15/15~~

ertification forms and supporting documents should be submitted electronically ~~1/15/15~~ to the Graduate School ([graduateschool@odu.edu](mailto:graduateschool@odu.edu)). Certification forms will be reviewed by the Graduate School and approved by the Provost or Provost's Designee. The Graduate School will send the original form back to the College Dean's office for recordkeeping. Once ~~1/15/15~~ ~~1/15/15~~ the ~~1/15/15~~ can be submitted for processing. ~~1/15/15~~