

**CREDENTIAL INFORMATION
FACULTY & PROFESSIONAL STAFF**

Employee Name: _____ Employee ID #: _____
Position Title: _____ Department: _____

Credential Information

Name of Institution: _____
Type of Degree Earned: _____
Year Degree Earned: _____

Name of Institution: _____
Type of Degree Earned: _____
Year Degree Earned: _____

Additional Studies

Name of Institution: _____

Certifications

Name of Certification: _____
Name of Certification: _____

Employee Signature

Date Signed

Please submit to Human Resources via one of the following:

Fax to: 704.330.6066

Mail to: P.O. Box 35009
Charlotte, NC 28235
Attn: Human Resources

Interoffice: Admin 2
Attn: HR

For HR Administration Only:

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Entered on _____ by _____