



UNIVERSITY OF CENTRAL FLORIDA

OFFICE of ACADEMIC AFFAIRS

Degree Information Update Form (Faculty and Post-Doctoral Associates)

Updates to faculty member (including adjunct) and post-doctoral associate degree information may be made in one of two ways: 1) by the teaching unit (re-)submitting a faculty teaching certification via the Faculty Qualifications Management System (FQMS) or 2) using this form. If the degree information update is accompanied by a change in teaching eligibility, the update should be made via the FQMS. All updates require attaching a copy of an official transcript reflecting the conferred credential. Credentials earned at a non-U.S. institution require a U.S. equivalency evaluation from a service provider acceptable to the university. Both transcripts and equivalency evaluations must be certified official by appropriate UCF personnel.

Employee Information

Employee Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Degree Information

Please use the official transcript or equivalency evaluation to complete the section(s) below.

Add a New Degree

Correct Existing Degree Information (highlight the section that requires updating or provide a screenshot of existing information needing correction)

Degree Type: \_\_\_\_\_ (e.g. PhD, MA, etc.)

Degree Major/Program: \_\_\_\_\_

Minor/Track or Area of Specialization: \_\_\_\_\_

Date Conferred: \_\_\_/\_\_\_/\_\_\_

Institution Name: \_\_\_\_\_

Country: \_\_\_\_\_

State (for U.S. Only): \_\_\_\_\_

Add a New Degree

Correct Existing Degree Information (highlight the section that requires updating or provide a screenshot of existing information needing correction)

Degree Type: \_\_\_\_\_ (e.g. PhD, MA, etc.)

Degree Major/Program: \_\_\_\_\_

Minor/Track or Area of Specialization: \_\_\_\_\_

Date Conferred: \_\_\_/\_\_\_/\_\_\_

Institution Name: \_\_\_\_\_

Country: \_\_\_\_\_

State (for U.S. Only): \_\_\_\_\_

Submitting Party

Name: \_\_\_\_\_ EMPLID: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Attached transcript(s)/equivalency evaluation(s) were received official (stamp supporting documentation accordingly)

College Verification

Authorized College Representative Name

Authorized College Representative Signature

Date