

RED RIVER COLLEGE
INSTRUCTOR'S SELF DECLARATION OF QUALIFICATIONS
(please print)

Employee's Name: _____

Employee's Dept: _____ Employee Number: _____

Employee's Work Phone Number: _____

Submission of the following information is required to determine an Instructor's eligibility to receive an Educational Supplement for Masters or PhD degrees.

Degree, Diploma or Certificate *	Program Name	Major	Institution Name	Year Completed

*Please attach copies of degrees, diplomas and/or certificates.

<p>Please use the following space for any additional information, relating to your qualifications, that you wish to have on file. (e.g. information on a program that you are taking but have not yet completed)</p>

I certify that the above information is accurate

Employee's Signature

Date