Faculty Roster Form
Qualifications of Full-Time and Part-Time Faculty

Name of Institution: _____

Name of Primary Department, Academic Program, or Discipline: _____

Academic Term(s) Included: _____   **Date Form Completed:** <u>mm/dd/yyyy</u>

1	2	3	4
NAME (F, P)	**COURSES TAUGHT** **Including Term, Course Number & Title, Credit Hours (D, UN, UT, G) [Dual]** Note – for substantive change prospectuses/applications, list the courses *to be taught*, not historical teaching assignments	**ACADEMIC DEGREES & COURSEWORK** **Relevant to Courses Taught, Including Institution & Major** **List specific graduate coursework, if needed**	**OTHER QUALIFICATIONS & COMMENTS** **Related to Courses Taught**

Abbreviations: F, P: Full-time or Part-time; **D, UN, UT, G:** Developmental, Undergraduate Nontransferable, Undergraduate Transferable, Graduate; **Dual:** High School Dual Enrollment Course

Form Updated: April 2018