**Faculty Roster Form**

**Qualifications of Full-Time and Part-Time Faculty**

**Name of Institution:**

**Name of Academic Area, Discipline, Department/School:**

**Academic Term(s) Included: Date Form Completed:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **Name** | **Courses Taught** | **Relevant Academic Degrees and Course Credits Earned** | **Other Qualifications** |
|  |  |  |  |