

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

Term: _____

Name of Department/School: _____

Date _____

Confirmation of accuracy of this report and completion of faculty files:

Department Chair/Dean Signature: _____

Faculty Member Last Name	Faculty Member First Name	Time	Course Prefix	Course Number	Course Title	Course Level	Relevant Academic Degree	Institution Awarding Degree	Major Concentration	Other Qualifications with Dates*

*1. License/Certification; 2. Work experience; 3. Excellence in teaching; 4. Honors and awards; 5. Publications and presented papers; 6. Other.