

**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:

1	2	3	4
NAME (F, P)	COURSES TAUGHT Including Term, Course Number & Title, Credit Hours (D, UN, UT, G)	ACADEMIC DEGREES & COURSEWORK Relevant to Courses Taught, Including Institution & Major List specific graduate coursework, if needed	OTHER QUALIFICATIONS & COMMENTS Related to Courses Taught

F, P: Full-time or Part-time; D, UN, UT, G: Developmental, Undergraduate Nontransferable, Undergraduate Transferable, Graduate

(THIS IS PDF VERSION OF THIS FORM. THIS MUST BE FILLED OUT ELECTRONICALLY. A VERSION TO WHICH YOU CAN ADD FACULTY INFORMATION IS FOUND AT: <http://www.sacscoc.org/forms/principle/FACULTY%20ROSTER%20FORM3.doc>.)