**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:

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| ***1*** | ***2*** | ***3*** | ***4*** |
| **NAME (F, P)** | **COURSES TAUGHT****Including Term, Course Number & Title, Credit Hours**  | **ACADEMIC DEGREES& COURSEWORK** **Relevant to Courses Taught, Including Institution & Major****List specific graduate coursework, if needed** | **OTHER QUALIFICATIONS & COMMENTS****Related to Courses Taught** |
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 **F, P: Full-time or Part-time;**