

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

Name of Institution:

Name of Primary Department:

Name of Academic Area, Discipline, Department/School:

Academic Term(s):

Date Form Completed:

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

Vice President of Instruction: \_\_\_\_\_

Date: \_\_\_\_\_