**Faculty Roster Form**

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

**Name of Institution:**

**Name of Academic Program Proposed for Review:**

|  **Current Faculty** |
| --- |
| **1** | **2** | **3** | **4** |
| **CURRENT FACULTY NAME (F, P)** | **\*COURSES TAUGHT****including Term, Course Number, Course Title, & Credit Hours****(D, UN, UT, G, DU)** | **ACADEMIC DEGREES****and COURSEWORK** **Relevant to Courses Taught,****including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS****and COMMENTS****Related to Courses Taught****and Modality(ies) (IP, OL, HY, OCIS)** |
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| **Additional Faculty (To Be Hired)**  |
| **1** | **2** | **3** | **4** |
| **FACULTY POSITION (F, P)** | **\*COURSES TO BE TAUGHT****including Term, Course Number, Course Title, & Credit Hours****(D, UN, UT, G, DU)** | **ACADEMIC DEGREES****and COURSEWORK****Relevant to Courses Taught,****including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS****and COMMENTS****Related to Courses Taught****and Modality(ies) (IP, OL, HY, OCIS)** |
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| **Summary of Faculty Count** |
| **Current Full-Time** |  | **Additional Comments (*optional*):** |
| **Current Part-Time** |  |
| **Additional Full-Time** |  |
| **Additional Part-Time** |  |