

# Faculty Roster Form

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

Name of Institution:

Name of Academic Area, Discipline, Department/School:

Academic Term(s) Included:

Date Form Completed:

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

*For an electronic version of this form and its instructions for completion, access <http://www.sacscoc.org>, click onto Resources, click onto Institutional, and click onto Faculty Roster Form and Faculty Roster Instructions. Please read the instructions before completing the form.*