Completed by: _____

Date: _____

Asbury University Faculty Roster Form
Qualifications of Full-Time and Part-Time Faculty

Dean: _____

Provost: _____

Please fully complete the following information:

School: _____

Department: _____

Academic Discipline: _____

Beginning Academic Term: _____

Program: ___ Undergrad ___ Grad ___ APS _____ Online

Type of Position: ___ Full-time ___ Part-time ___ Both _____ Lecturer

Tenure Status: ___ Tenure Track ___ 3 Yr Rolling ___ One Year _____ N/A

Rank: ___ Professor ___ Assoc Prof ___ Asst Prof _____ Instructor

Type of Credentials: ___ Terminal degree in discipline ___ Masters w/ 18 hrs in discipline ___ Bachelors w/ recognized experience

Materials Submitted: ___ Transcripts ___ Syllabi

1	2	3	4
Name	**Courses Qualified to Teach**	**Relevant Academic Degrees and Course Credits Earned**	**Other Qualifications**