

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: _____	Program:	___ Undergrad	___ Grad	___ Achieve	___ Online
	Type of Position:	___ Full-time	___ Part-time		
Department: _____	Tenure Status:	___ Tenure Track	___ 3 Yr Rolling	___ One Year	___ N/A
	Rank:	___ Professor	___ Assoc Prof	___ Asst Prof	___ Instructor
Academic Discipline: _____	Type of Credentials:	___ Terminal degree in discipline	___ Masters w/ 18 hrs in discipline	___ Bachelors w/ recognized experience	
Academic Term(s): _____	Materials Submitted:	___ Transcripts	___ Syllabi		

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