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

Name of Institution: Oakwood University

Name of Primary Department, Academic Program, or Discipline:

Academic Term(s) Included: Date Form Completed:

<table>
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<tbody>
<tr>
<td>NAME (F, P)</td>
<td>COURSES TAUGHT Including Term, Course Number &amp; Title, Credit Hours (D, UN, UT, G)</td>
<td>ACADEMIC DEGREES &amp; COURSEWORK Relevant to Courses Taught, Including Institution &amp; Major List specific graduate coursework, if needed</td>
<td>OTHER QUALIFICATIONS &amp; COMMENTS Related to Courses Taught</td>
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</tbody>
</table>

F, P: Full-time or Part-time; D, UN, UT, G: Developmental, Undergraduate Nontransferable, Undergraduate Transferable, Graduate

Chair’s Signature: ________________________________________________________________

Form Updated: January 2011