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:**

1 NAME (F, P)	2 COURSES TAUGHT Including Term, Course Number & Title, Credit Hours (D, UN, UT, G)	3 ACADEMIC DEGREES& COURSEWORK Relevant to Courses Taught, Including Institution & Major List specific graduate coursework, if needed	4 OTHER QUALIFICATIONS & COMMENTS Related to Courses Taught

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

*Chair's Signature:*_____