

Teaching Qualifications Form

Faculty Member:			
School (Primary)	Da	ate	

LSSU COURSES THE FACULTY MEMBER IS QUALIFIED TO TEACH (PRIMARY APPOINTMENT):

School of Faculty Member's Primary Appointment:				
Course Code Number	e/ Complete Course Title	Semester course last taught (e.g. 13F, 14S, etc.)	Graduate coursework in this area (yes/no)	Other qualifications for this course
Faculty's Signature			Date	
Dean's Signature			Date	
Provost's Signature			Date	

ADDITIONAL COURSES:

Use additional pages as necessary - separate entries by College

School:				
Course Number	Complete Course Title	Semester Course last taught (e.g. 13F, 14S, etc.)	Graduate Coursework in this area (yes/no)	Other Qualifications for this course
Faculty's Signature			Date	
Dean's Signature			Date	

School:				
Course Number	Complete Course Title	Semester Course last taught (e.g. 13F, 14S, etc.)	Graduate Coursework in this area (yes/no)	Other Qualifications for this course
Faculty's Signature			Date	
Dean's Signature			Date	

Prove	ost's	Date	
Signa	ture		