



Faculty Transcript Evaluation

Name _____

Position ID Number _____

Division _____ Teaching Area(s) _____

Degree _____ Degree Major _____ Type of Courses Taught _____

Years teaching post-secondary _____ Years teaching at this institution _____

PRIMARY TEACHING AREA GRADUATE COURSES (Credit transfer)

Name of Institution	Course Prefix and Number	Course Title	Sem. Hrs.	Sem./Year
Total:				

SECONDARY TEACHING AREA GRADUATE COURSES
 (Credit transfer)

Name of Institution	Course Prefix and Number	Course Title	Sem. Hrs.	Sem./Year
			Total:	

UNDERGRADUATE COURSES
**Professional, Occupational And Technical Credit Non-Transfer/
 Non-Degree/Developmental Education/Adult Basic Education**

Name of Institution	Course Prefix and Number	Course Title	Sem. Hrs.	Sem./Year
Total:				

Teaching Experience, if applicable: _____

Evaluated by Division Chair/
 Program Director _____ Date _____

Evaluated by Division Dean _____ Date _____

Approved by Vice President of
 Instruction _____ Date _____