

DOCUMENTATION OF FACULTY QUALIFICATIONS

Faculty Member: _____

Department: _____ **School:** _____

Education:

Degree	Year	Institution	Discipline

Professional Experiences Beyond Credentials:

Course Responsibilities:

***Courses taught at Hampton University include:**

Course Number	Description	How many times have you taught this course? (Check the appropriate box)	
		Fewer than 5	Greater than 5

Statement of Qualifications:

***Classes taken at the graduate level related to courses taught include:**

Institution	Course Number	Description

Use the reverse side of the form if additional entries are necessary.

Signed: _____
Department Chairperson

School Dean