

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

Name of Faculty: \_\_\_\_\_

\_\_\_ Academic Credentials  
\_\_\_ Alternative Credentials

Academic Area, Discipline, Department/School: \_\_\_\_\_

Academic Term: \_\_\_\_\_ (ex. Spring 09)

\_\_\_ Graduate Faculty  
\_\_\_ Undergraduate Faculty

A separate form MUST be completed for each discipline in which a faculty member is credentialed.

| 1  | 2   | 3   | 4            | 5   |
|--|---|---|--------------|---|
| Academic Degree & institutions granting degrees (include discipline & location) list highest degree first. | ECSU Courses<br>List each course with prefix number and full title<br><i>(Link to LO for each course)</i> | Relevant Course Credit earned.<br>List each course with prefix, number and full title | Credit Hours | Further study certificates, workshops, publications, etc. |
|  |   |   |              |   |

Approval: Faculty \_\_\_\_\_  
Department Chair \_\_\_\_\_  
Dean \_\_\_\_\_

Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_ Full-time  
\_\_\_ Adjunct

(Alternative Cred.) Faculty Credentials Committee \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_ Tenure track

Vice Chancellor for Academic Affairs \_\_\_\_\_

Date \_\_\_\_\_