INTERINSTITUTIONAL DUAL DEGREE PROGRAM FACULTY ROSTER

**INSTRUCTIONS FOR REPORTING FACULTY TEACHING QUALIFICATIONS**

**GENERAL INSTRUCTIONS FOR COMPLETING THE FACULTY ROSTER FORM**

These instructions offer guidance for completing the University of Central Florida’s Interinstitutional Dual Degree Program Faculty Roster form. Data collected here are used to meet institutional accreditation requirements as outlined by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). UCF and SACSCOC expect participating faculty members at partner institutions to possess qualifications comparable to those expected of UCF faculty members teaching in the same discipline.

Information requested on the form should be provided for the core faculty members at the partner institution who will participate in the dual degree program as instructors of record for courses that may be awarded UCF credit (e.g., transfer credit). Core faculty members are normally those who teach the partner institution’s courses that are articulated with UCF courses in the dual degree agreement.

**COLUMN INSTRUCTIONS**

**Column one.** Provide the first and last name of each faculty member and indicate each individual’s employment status at the partner institution as either full time (F) or part time (P). A full-time faculty member is usually defined as one whose major employment is with the institution offering the academic program. If a significantly different definition for full-time faculty is used at the partner institution, please provide that definition.

**Column two.** List all the courses offered by the partner institution that each faculty member is qualified to teach as part of the dual degree program. Indicate whether each course is eligible for transfer at either the undergraduate level (U) or the graduate level (G). If available, provide the course prefix, course number, and course title.

**Column three.** List each faculty member’s highest earned degree and any other degrees or other academic credentials that qualify the individual to teach the corresponding courses listed in column two. For example, if a faculty member’s master’s degree is in the teaching discipline but his or her doctoral degree is not, list both degrees. Indicate the major or concentration for each degree reported, as well as the institution that awarded the degree. If necessary to build a case for qualified participating faculty members, you may also list graduate course work completed in the teaching discipline.

**Column four.** If necessary to establish appropriate teaching qualifications for expected course assignments, list additional relevant qualifications such as related work or professional experience, licensures and certifications, continuous documented excellence in teaching, honors and awards, scholarly publications and papers presented at professional meetings, and other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. Indicate the dates associated with each of these additional qualifications and clearly describe the relationship between these qualifications and the course content or the expected outcomes of the courses assigned to the faculty member. Provide enough detail for a reviewer to understand the nature and significance of the qualifications, but please be brief.

**SUPPORTING DOCUMENTATION AND REVIEW**

Please provide current curricula vitae or résumés for all core faculty members identified in the roster. The completed roster must then be approved by the department or school, the college, and Academic Affairs (send to Academic Program Quality, PVL 215).

If additional information is required, the college will be notified.

**UPDATING THE ROSTER**

The faculty roster and associated supporting documentation should be reviewed and updated at the time the agreement for the interinstitutional dual degree program is scheduled for review and renewal. Academic Affairs reserves the right to request more frequent updates as determined necessary to assess the quality of the program.

**CONTACT**

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INTERINSTITUTIONAL DUAL DEGREE PROGRAM FACULTY ROSTER

**QUALIFICATIONS OF PARTNERING FACULTY MEMBERS**

**PARTNER INSTITUTION UCF PARTICIPATING UNIT**

**Institution name**Click here to enter text. **College**Click here to enter text.

**Partnering unit**Click here to enter text. **Department/Unit**Click here to enter text.

**Partnering academic program**Click here to enter text. **Academic program**Click here to enter text.

**Academic term(s) included in roster**Click here to enter text.

*(project out as far as possible)*

**UCF REVIEW AND APPROVAL**

Your signature certifies that the teaching qualifications of the core partnering faculty members identified below meet the university’s standards for teaching in the applicable disciplines at the designated levels (e.g., undergraduate, graduate).

**UCF Unit Head** Click here to enter text.

 *(print name) (signature) (date)*

**UCF College Dean** Click here to enter text.

 *(print name) (signature) (date)*

**UCF Academic Affairs** Click here to enter text.

 *(print name) (signature) (date)*

INTERINSTITUTIONAL DUAL DEGREE PROGRAM FACULTY ROSTER

**QUALIFICATIONS OF PARTNERING FACULTY MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| **Faculty member’s name and employment status—full time (F) or part time (P)** | **All courses that the faculty member is qualified to teach as outlined in the articulation agreement—undergraduate (U) or graduate (G)** | **Relevant academic credentials and course credits earned** | **Other qualifications** |
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