SACSCOC Faculty Roster Form
Qualifications of Full-Time and Part-Time Faculty

**Name of Institution:** University of Louisiana at Lafayette **Date:**

**Name of Academic Program:**

**Name of Primary College:**

**Name of Primary Department:**

**Academic Term(s) Included:**

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| **NAME** **(F,P; Dept)** | **COURSES TAUGHT** **(Term, Course Number & Title, Credit Hours, Un or G Status)** | **Academic Degrees** | **Other Qualifications** |
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