



LAKE SUPERIOR STATE UNIVERSITY

Teaching Qualifications Form

Faculty Member:			
School (Primary):		Date:	

LSSU COURSES THE FACULTY MEMBER IS QUALIFIED TO TEACH
(PRIMARY APPOINTMENT):

School of Faculty Member's Primary Appointment:				
Course Number	Complete Course Title	Semester Course last taught (e.g. 13F, 14S, etc.)	Graduate coursework in this area (yes/no)	Other
Faculty's Signature			Date:	
Dean's Signature			Date:	
Provost's Signature			Date:	

ADDITIONAL COURSES:

Use additional pages as necessary – separate entries by College

School:				
Course Number	Complete Course Title	Semester Course last taught (e.g. 13F, 14S, etc.)	Graduate coursework in this area (yes/no)	Other
Faculty's Signature			Date:	
Dean's Signature			Date:	

School:				
Course Number	Complete Course Title	Semester Course last taught (e.g. 13F, 14S, etc.)	Graduate coursework in this area (yes/no)	Other
Faculty's Signature			Date:	
Dean's Signature			Date:	

Provost's Signature		Date:	
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