



# Miami Dade College

## SACS Review Form For Full Time/Part Time Faculty



### I. BASIC INFORMATION FOR ALL FACULTY

Date: \_\_\_\_\_ Campus: \_\_\_\_\_ MDID #: \_\_\_\_\_

Name of Faculty: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Indicate assigned teaching discipline(s):      Discipline: \_\_\_\_\_ Discipline: \_\_\_\_\_

Discipline: \_\_\_\_\_ Discipline: \_\_\_\_\_ Discipline: \_\_\_\_\_

Indicate degree(s) earned (complete all that apply):

Associate Degree Major: \_\_\_\_\_ Bachelor's Degree Major \_\_\_\_\_

Master's Degree Major \_\_\_\_\_ Doctorate Degree Major \_\_\_\_\_

Indicate certificates/licenses held pertinent to each teaching assignment:

Type: \_\_\_\_\_ Certificate/License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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Type: \_\_\_\_\_ Certificate/License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Faculty candidate has demonstrated written and oral proficiency in the language in which the courses will be taught:      Yes      No

### II. FACULTY TEACHING A.A. OR A.S. DEGREE COURSES DESIGNED FOR TRANSFER TO A BACCALAUREATE DEGREE OR ENGLISH AS A SECOND LANGUAGE FOR ACADEMIC PURPOSES (EAP)

Does the faculty have a Master's Degree in the assigned teaching discipline?      Yes      No

If NO, list at least 18 graduate credits related to the teaching assignment:

Does the faculty have a concentration of coursework in another discipline?      Yes      No      Discipline: \_\_\_\_\_

### III. FACULTY TEACHING ASSOCIATE DEGREE COURSES NOT DESIGNED FOR TRANSFER TO THE BACCALAUREATE DEGREE

Does the faculty have work experience related to the discipline assigned?      Yes      No

List related work experience: Job Title	Dates (From/To)	Name of Employer	Location	Hrs/Week

### IV. FACULTY TEACHING COLLEGE PREPARATORY COURSES

List all undergraduate course numbers related to the teaching discipline:

List all completed graduate level courses related to the teaching discipline:

List teaching experience:

	Name of School/College	Courses Taught	Discipline	Dates (From/To)	# Semesters P/T	# Semesters F/T
Elementary/						
Secondary						
Community College						
University						
Other						

Prepared by: Chairperson: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: Associate Dean/School Director      Date      APPROVED BY: Academic Dean      Date