SONOMA STATE UNIVERSITY | Office of Faculty Affairs

LECTURER QUALIFIED COURSE FORM

For All Lecturers (including three year contract)

Please complete worksheet and return to the search committee chair.

TO BE COMPLETED BY LECTURER

Employee Name:

Department Name:

Part-Time Faculty Search Pool *(check one)*

I would like to be considered as part of the department pool for future available assignments.

☐ **Yes** ☐ **No**

List courses you are currently teaching and have taught within the last 3 years. *Attach pages as needed.*

Course	Title	Semester(s) Taught

List courses you are not currently teaching but you may be qualified to teach and would like to be considered for. Describe any experience/education to help determine eligibility. *Attach pages as needed.*

Course	Title	Education/Experience	*Committee Use Only*

A copy of this form with the search committee's decision will be given to the employee, department, and Faculty Affairs once the pool refresh is complete.

Employee Signature:	**Date:**

TO BE COMPLETED BY SEARCH COMMITTEE CHAIR

Search Committee Chair Signature:	**Date:**