**Faculty from Prior Review**

(Reaffirmation review only)

**Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Term(s) Included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form Completed: mm/dd/yyyy**

We attest that the following current faculty members were actively teaching during this institution’s last SACSCOC reaffirmation or initial accreditation review, and they were considered qualified at that time. Each faculty member on this form is teaching courses with the same content and on the same level as taught at the time of the prior review, and the curriculum has not changed significantly since that review.

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Chief academic officer Date Accreditation liaison Date

| **1** | **2** |
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| **NAME (F, P)** | **PRIMARY TEACHING DEPARTMENT OR DISCIPLINE** |
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**F=Full-time; P=Part-time**

*NOTE:*

*If concerns arise during the reaffirmation review, the Reaffirmation Committee(s) may review the qualifications of all faculty members. The On-Site Reaffirmation Committee also reserves the right to review faculty files for any faculty.*