

SOUTHWEST TEXAS JUNIOR COLLEGE
FACULTY TRANSCRIPT EVALUATION

SACS ELIGIBLE _____

DEGREES: _____

NAME _____ **SOCIAL SECURITY #** _____

DIVISION _____ **TEACHING AREA** _____

PRIMARY TEACHING AREA GRADUATE COURSES

NAME OF INSTITUTION	COURSE PREFIX & NUMBER	COURSE TITLE	SEM. HRS.	SEMESTER & YEAR
TOTAL HOURS				

SECONDARY TEACHING AREA GRADUATE COURSES

NAME OF INSTITUTION	COURSE PREFIX & NUMBER	COURSE TITLE	SEM. HRS.	SEMESTER & YEAR
TOTAL HOURS				

EVALUATED BY _____ **DATE** _____

REVIEWED BY _____ **DATE** _____