

**APPLICATION FOR LICENSURE – ALABAMA DEPARTMENT OF POSTSECONDARY
Personal Data of Administrators and Instructors Form
Qualifications of Full-Time and Part-Time Faculty**

Form DPE-PS-3

Name of Institution: _____

Name of Academic Area, Discipline, Department/School: _____

Academic Term(s) Included: _____

Date Form Completed: _____

1	2	3	4
Name	Courses Taught	Relevant Academic Degrees and Course Credits Earned	Other Qualifications