

PROFESSIONAL EXPERIENCE OF PART TIME LECTURERS

NAME OF LECTURER _____

DEPARTMENT _____

COURSE TO BE TAUGHT AT JOHN CARROLL _____

PROFESSIONAL EXPERIENCE:

POSITION _____

INSTITUTION _____

ADDRESS OF INSTITUTION _____

DATES _____

POSITION _____

INSTITUTION _____

ADDRESS OF INSTITUTION _____

DATES _____

POSITION _____

INSTITUTION _____

ADDRESS OF INSTITUTION _____

DATES _____

PRESENT DATE: _____

DEPARTMENT CHAIRPERSON _____