

FACULTY MEMBER PROFILE

Instructions: Complete this form for each new full or part time faculty member. All blanks must be completed. Submit to Records and Registration for input into faculty database.

Effective Term _____

Name _____ SSN _____
Last First MI

Business Address: Street/Office No _____
City _____ ZIP _____
Phone (____) _____

Home Address: Street/PO Box _____
City _____ ZIP _____
Phone (____) _____

Date of Birth _____ Gender _____ Ethnic _____ Citizen _____

Required for Coordinating Board Reports

School _____ Department _____

Rank _____ Tenure _____ Faculty Type _____

ASST Assistant Professor
ASSOC Associate Professor
PROF Professor
TA Teaching Assistant
OTHER Adjunct, Visiting, Special, etc.

0 Not Eligible
1 Tenured
2 On tenure Track

FT Full time
PT Part time

Advisor privileges required? Yes No

Highest Degree _____ Institution _____

Field _____ Disability: ____ Yes ____ No

Service Date _____ Hire Date _____ Service Other Institutions _____

The date to use in calculating the number of years of service at Sul Ross State University

The date to use in determining new hires.

Number of years of post secondary teaching experience at other institutions.

Submitted by: _____

Date: _____