

# 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 \_\_\_\_\_ A Number \_\_\_\_\_

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  
ADJUN Adjunct Professor  
LECT Lecturer

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: \_\_\_\_\_