

FACULTY INFORMATION FORM

Directions: Form to be completed for faculty designated by the department's review coordinator.

Note: Some items may be completed by reference to an attached resume

Date: _____ Institution: _____

Name: _____ Department: _____

Years at Institution: _____ FT (new) _____ PT (new) _____ Tenured? (Yes or No) _____

Institution has no tenure system _____

1. CURRENT RESPONSIBILITIES AT THIS INSTITUTION:

a. Teaching

Teaching This Term: (list each section)	Credits	Approx Enroll	Location if not main campus	Day(s) and time Offered

b. Advising: Number of Advisees: Undergraduate _____ Graduate _____

c. Other Assignments/Responsibilities (committees, etc., in last three years):

2. CURRENT RESPONSIBILITIES AT OTHER COLLEGES/SCHOOLS, COMPANIES, AGENCIES, ETC.

3. EDUCATION: (starting with most recent)

<u>Degree</u>	<u>Institution</u>	<u>Date Received</u>	<u>Major/ Specialization</u>	<u>Title of Research</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. OTHER PROFESSIONAL TRAINING/EXPERIENCE RELATED TO COURSES LISTED ABOVE

5. PRIOR TEACHING EXPERIENCES: (starting with those most pertinent to current teaching assignments at this institution)

<u>Institution</u>	<u>Subjects</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. ACTIVITY IN PROFESSIONAL ASSOCIATIONS:

7. PUBLICATIONS:

- a. Most Significant
- b. Recent (last 3-5 years)

8. OTHER SIGNIFICANT PROFESSIONAL ACCOMPLISHMENTS

9. EVALUATION OF TEACHING AND OTHER RESPONSIBILITIES BY COLLEGE

- a. What are this institution's policies on evaluation of faculty?
- b. Describe this institution's support of your professional development in the past five years.