

Faculty Status Form



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GENERAL INFORMATION

Date Form Completed:

Gender:

Faculty Name:

Degree:

Work Address:

Home Address:

Work Phone #:

Home Phone #:

Work E-mail:

Home E-mail:



AFFILIATION INFORMATION

Primary Dept:

Division:

Division:

Division:

Program/Center:



PERSONNEL ACTION

Effective Date:

Type of Action:

Appointment

Promotion

Resign/Term

Retirement

Category Change

Leave of Absence

Appt w/ Tenure

Award of Tenure

Rank:

Category:

Track:

Primary Area of Distinction:

Secondary Area of Distinction:

***Only select a secondary area if specified by faculty member**

Completed by:

Extension:

Comments: