

# 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:



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## AFFILIATION INFORMATION

Primary Dept:

Division:

Division:

Division:

Program/Center:

Faculty Supervisor:



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## PERSONNEL ACTION

Effective Date:

Retirement Only:

Type of Action:

Category:

Rank:

Track:

Primary Area of Distinction:

Secondary Area of Distinction:

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

Contact Name:

Extension:

Comments: