Faculty Status Form

UMass Chan
MEDICAL SCHOOL

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:

Revised 12/15/21