FACULTY UPDATE FORM

1. SSN:

2. SEX: ☐ Male ☐ Female

3. DATE OF BIRTH: (MMDDYYYY)
4. ETHNICITY: (check all that apply)

☐ 1	White	☐ 4	Asian
☐ 2	Black	☐ 5	American Indian or Alaska Native
☐ 3	Hispanic	☐ 6	Hawaiian/Pacific Islander
☐ 7	International		

5. LAST NAME:

   FIRST NAME:

   MIDDLE INITIAL:

6. ADDRESS:

   CITY/STATE/ZIP:

   PHONE #:

   EMAIL ADDRESS:

7. DEPARTMENT:

Agriculture	0190	Mathematics	1875
Art, Music & Drama	0333	Physical Education	2260
Biological Sciences	0430	Physical Sciences	2290
Business	0490	Social & Behavioral Sciences	2565
Communications	0690	Vocational Technical	2945
English	0990		

8. RANK:

0 – No Ranking System	3 – Assistant
1 – Professor	4 – Instructor
2 – Associate	5 – Other-Adjunct, Visiting, Special

9. HANDICAP? (1= Yes, 0 = No)
10. HIGHEST DEGREE/CERT:

1 – Doctorate	4 – Associate
2 – Master	5 – Certificate or less
2 – Bachelor	6 – No Degree

11. DATE OF MOST RECENT EMPLOY AT WTC:
12. JOB ASSIGNMENT :

1 – Teach 2 – Admin 3 – Other

Updated: 8/20/17

Clear Form