

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. ADMIN UNIT CODE:

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

8. RANK: 0990

0 – No Ranking System

1 – Professor

2 – Associate

3 – Assistant

4 – Instructor

9. HANDICAP?

5 – Other-Adjunct, Visiting, Special

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

1 – Doctorate

2 – Master

2 – Bachelor

4 – Associate

5 – Certificate or less

6 – No Degree

11. DATE OF MOST RECENT EMPLOY AT WTC:

12. JOB ASSIGNMENT :

1 – Teach

2 – Admin

3 – Other