

## Faculty Personal Data

<b>Name</b>	
<b>Social Security Number</b>	
<b>Date of Birth</b>	

**FROM: Faculty Personnel Services**

Please complete this form and **return to Faculty Personnel Services, Warriner Hall 308, with your signed appointment letter.** This information is used to maintain our employment records. Social security number must be provided to prevent delay of your first paycheck. If you have any questions, contact Faculty Personnel Services at (989) 774-3368.

<b>Address:</b>			
<b>Street:</b> _____			
<b>City:</b> _____			
<b>State:</b> _____			
<b>Zip:</b> _____			
<b>Telephone Number:</b> _____			
<b>Gender:</b>			
<input type="checkbox"/> <b>Female</b>			
<input type="checkbox"/> <b>Male</b>			
<b>UNDERGRAD. DEGREE</b> _____	<b>DATE RECEIVED</b> ____/____/____	<b>MAJOR</b> _____	_____
_____	M D YR	_____	_____
<b>INSTITUTION</b> _____	<b>STATE/</b> _____		<b>COUNTRY</b> _____
_____			
<b>GRADUATE DEGREE</b> _____	<b>DATE RECEIVED</b> ____/____/____	<b>MAJOR</b> _____	_____
_____	M D YR	_____	_____
<b>INSTITUTION</b> _____	<b>STATE/</b> _____		<b>COUNTRY</b> _____
_____			
<b>DOCTORAL DEGREE</b> _____	<b>DATE RECEIVED</b> ____/____/____	<b>MAJOR</b> _____	_____
_____	M D YR	_____	_____
<b>INSTITUTION</b> _____	<b>STATE/</b> _____		<b>COUNTRY</b> _____
_____			
<b>OTHER DEGREE OR CERTIFICATE</b> _____	<b>DATE RECEIVED</b> ____/____/____	<b>MAJOR</b> _____	_____
_____	M D YR	_____	_____
<b>INSTITUTION</b> _____	<b>STATE/</b> _____		<b>COUNTRY</b> _____
_____			
<b>Signature:</b>			<b>Date:</b>