

Faculty Personal Data

Name	
Social Security Number	
Date of Birth	

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.

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

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