

Faculty Personal Data

Name	
Social Security Number	
Date of Birth	

FOR OFFICE USE ONLY: EVF Received _____

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 personnel 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	___/___/___ <small>M D YR</small>	MAJOR _____
INSTITUTION _____			STATE/ COUNTRY _____
GRADUATE DEGREE _____	DATE RECEIVED	___/___/___ <small>M D YR</small>	MAJOR _____
INSTITUTION _____			STATE/ COUNTRY _____
DOCTORAL DEGREE _____	DATE RECEIVED	___/___/___ <small>M D YR</small>	MAJOR _____
INSTITUTION _____			STATE/ COUNTRY _____
OTHER DEGREE OR CERTIFICATE _____	DATE RECEIVED	___/___/___ <small>M D YR</small>	MAJOR _____
INSTITUTION _____			STATE/ COUNTRY _____
Signature:		Date:	