



Academic Affairs

UNIVERSITY SYSTEM OF GEORGIA FACULTY INFORMATION DATA FORM

This Part To Be Completed By Applicant

Name: Last First MI Sex: M F Birth Date: / / M D Y

Student Id/SSN: US Citizen: Yes No If No, What Country?

Do you have relative working at GSW? Yes No If yes, what Department?

In order of proficiency, what language(s) do you speak? (1) (2) (3) (4)

Race: Asian; Black; Hispanic; White; American Indian;

Table with 4 columns: Degree, Year, Major, Awarding Institution. Includes Multi Racial section.

This Part To Be Completed By University

Hire Date: / / BOR Date: / / Full Time Part Time Reg Temp

Termination Date: / / RSN: Retire Date: / / Contract: A F C Q

Annual EFT: Salary \$ Salary Change Date: / / M D Y

What % is Academic: Administration: Research: Public Service: _

What % is State Supported: Sponsored: Contract:

Rank: Rank Mod: Rank Date:

Teaching CIP: Title: Department:

Distinguished Rank:

Tenure Track: Yes No Tenure Status Date: / / M D Y Probationary Credit:

Academic Unit GSW: Acad. Unit. Date: / / M D Y Dept. Code:

Title B Code: Title Mod: Title Date: / / M D Y