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| **UMW Faculty Data Sheet** |
| **Full Name:** |       |       |       |
|  | Last | First | Middle |
| **Address:** |       |       |
|  | Street Address | Apartment/Unit # |
|  |       |       |       |
|  | City | State | ZIP Code |
| Cell/ Home Phone: (     )     -      | Email: | Date of Birth:       | Female [ ]  | Male [ ]  |

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| Status Information: |
| Are you legally eligible for employment in the United States? YES [ ]  NO [ ]  | Please check one of the following:US Citizen [ ]  Resident Alien[ ]  Non-Resident Alien [ ]  |
| *If Resident or Non-Resident Alien is checked, you must provide a copy of your VISA and either the I-94 form or Alien Registration Card and name your country of origin:* |
| **Race/Ethnic Designation:**[ ]  Multi-Racial [ ]  African-American, Black [ ]  Asian/Pacific Islander [ ]  Hispanic or Latino [ ]  White, Non-Hispanic |

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| **Education:** |
| College: |       | Location: |       |
| Attended from: |       | to: |       | Degree: |  | Major Subject:  |  |
| College: |       | Location: |       |
| Attended from: |       | to: |       | Degree: |  | Major Subject:  |  |
| College: |       | Location: |       |
| Attended from: |       | to: |       | Degree: |  | Major Subject:  |  |
| College: |       | Location: |       |
| Attended from: |       | to: |       | Degree: |  | Major Subject:  |  |

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| **Prior Teaching Information:** |
| What is your main teaching discipline?  |
| Total number of higher education classes (for credit) taught as an instructor of record:  |

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| **Disclaimer and Signature:**I certify that my answers are true and complete to the best of my knowledge. | Electronic Signature: Date:  |
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| Please return the completed Faculty Data Sheet to Martha Link in the Provost Office via email (mlink@umw.edu) or mail to the following address: *University of Mary Washington – Attn: Martha Link – 1301 College Ave. -GW Hall, Room 213 – Fredericksburg, VA 22401* |
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