

Arkansas Tech University



FACULTY RECORD

Please complete, print, sign, attach a copy of all vita, and mail to Academic Affairs in Administration, Room 200. Please note: the completed form is a required element of your personnel file; the vita will provide supplementary documentation.

Name: Office Phone:
Position: Department:

Undergraduate Degree

Institution: Dates Attended: to
Degree: Date Degree Granted:
Major: Sem. Hrs:
Minor: Sem. Hrs:

Graduate Degree(s)

Institution: Dates Attended: to
Degree: Date Degree Granted:
Major: Sem. Hrs:
Minor: Sem. Hrs:
Institution: Dates Attended: to
Degree: Date Degree Granted:
Major: Sem. Hrs:
Minor: Sem. Hrs:
Institution: Dates Attended: to
Degree: Date Degree Granted:
Major: Sem. Hrs:
Minor: Sem. Hrs:
Institution: Dates Attended: to
Degree: Date Degree Granted:
Major: Sem. Hrs:
Minor: Sem. Hrs:

Teaching Experience

Institution: Dates: to
Position: Years: to
Institution: Dates: to
Position: Years: to
Institution: Dates: to
Position: Years: to

Other Experience

Employer: Dates: to
Position:
Employer: Dates: to
Position:
Employer: Dates: to
Position:
Military Service: Dates: to

Signature _____

Date _____