

New Faculty Form

Legal Name: _____
First MI Last

P-id Number: _____ Date of Birth: _____

*If a faculty member is shared between different Boards of Study, you MUST indicate the percentage split between both Boards of Study. (IE. 50% ANT for Primary BOS and 50% MSA for Additional BOS)

Please indicate which the person will be serving as:

Faculty

Advisor

Primary BOS prefix*

Additional BOS prefix*

Percentage: _____

Percentage: _____

Sponsors Senior Projects in this Board

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Please indicate below the course sections that this instructor should be added to:

CRN	Subject & Course Number	Title	Date	Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____