

# New Faculty Form

Legal Name: \_\_\_\_\_  
First MI Last

P-id Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Please indicate which the person will be serving as:

**Faculty**

**Advisor**

**Primary Major prefix\***

**Additional Major 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.	_____	_____	_____	_____

**Email completed form to: Paul.Arroyo@purchase.edu**