



University System of Georgia Faculty Information Data Form

This Part to Be Completed by Applicant

Name: _____ Sex: ___M___F

Birthdate: M___/D___/Year_____ Are you a TRS retiree_____

Race: Asian_____ American Indian_____ Black_____ Hispanic_____ White_____

Degree Information

Highest Degree: Year _____ Major _____ Awarding Institution _____

Year _____ Major _____ Awarding Institution _____

Year _____ Major _____ Awarding Institution _____

This Part to Be Completed by University

Hire Date: _____ Full Time: _____ Part Time: _____ Regular: _____ Temporary: _____

Annual EFT: _____ Annual Year: _____ Fiscal Year: _____

What % is Academic: _____ What% is State Supported : _____

Department: _____ Academic Unit: _____

Rank: _____ Tenure Track: ___yes___no

Probationary Credit toward Tenure: _____ Probationary Credit toward Rank: _____

Teaching CIP: _____ B-Cat Code: _____