

THE UNIVERSITY OF SOUTHERN MISSISSIPPI

New Faculty Information

*The information requested in this questionnaire is used in mandated reports to
The Board of Trustees of Mississippi Institutions of Higher learning. Please
Circle or fill in the answer to each question.*

1. **NAME:** _____ **DATE:** _____

2. **SOCIAL SECURITY NUMBER:** _____

3. **USM COLLEGE:** (a) Arts (b) Business Admin (c) Educ & Psych (d) Health & Human Sci
(e) Liberal Arts (f) Nursing (g) Science & Tech (h) Honors

4. **USM DEPARTMENT:** _____

5. **JOB TITLE:** (a) Regular Faculty (b) Dean (c) As st Dean
(d) Dept Chair (e) Visiting Faculty (f) Adjunct Faculty
(g) Other (specify) _____

6. **ACADEMIC RANK:** (a) Professor (b) Associate (c) Assistant (d) Instructor

7. **TENURE STATUS:** (a) Tenured (b) Tenured Track (not yet tenured) (c) Not Eligible

8. **EDUCATIONAL BACKGROUND:** Please list a maximum of three degrees, listing your highest degree first. If you are currently pursuing a degree, list the incomplete degree first and enter the month and year you expect to receive the degree.

Type of Degree	Month & Year Earned or Expected	Name of Institution	State of Institution	Major	Minor

9. **EXPERIENCE IN HIGHER EDUCATION:** When answering the following questions, multiply your years of service by 12 (months), even when counting years as faculty on 9-month contract. Do **not** include years in graduate school or years of teaching on assistantship.

_____ How many months of experience do you have as an employee in any institution of higher education prior to your current contract date?

_____ How many months of **teaching** experience do you have in any institution of higher education, regardless of teaching load, prior to your current contract date?

_____ How many months of experience do you have as an employee at **USM** prior to your current contract date?