

Faculty Information Form

Circle one: **Appointment** **Reappointment** **Separation**

Name:	
(First)	(Last)
Title:	
Degrees: (published in Catalog appendices)	
Department:	
Year Began at UCSC:	
Former Affiliation: (published in Catalog appendices)	
Professional Interests and Areas of Specialization: (published in Catalog department listing)	
(if retiring) Emeritus?	

Department _____ Date

Division Verification/Approval _____ Date

Return signed form to Publications and Scheduling, Office of the Registrar.