

CON Adjunct Faculty Information Form - 2007/2008

Yes, I am willing to serve as adjunct faculty for 2007/2008 No, I do not wish to serve as adjunct faculty for 2007/2008

PLEASE FILL IN THE INFORMATION BELOW

Personal Information:

First: _____ Street/P.O. Box: _____
Last: _____ City: _____ State: _____ Zip: _____
Degrees: _____ Home phone: _____
Email: _____ Cell phone: _____

Employment/Specialty Information:

Name and Address: _____ Work phone: _____
Pager: _____
Other phone: _____
City: _____ State: _____ Zip Code: _____
Business Title: _____
Place(s) of Employment: _____
Unit/Clinic/Department: _____
Area(s) of Specialty: _____

Student Education in 2006/2007:

How much time did you spend with students during 2006/2007: _____
In what way(s) were you involved with students in 2006/2007: _____

Faculty Enrichment in 2006/2007:

How much time did you spend with CON faculty and/or administrators during 2006/2007: _____
In what way(s) were you involved with CON faculty and/or administrators in 2006/2007: _____

Are you interested in being a guest speaker? (Check one) Yes No

List the topic(s) you would be interested in presenting:

Are you interested in being a consultant to Faculty or Administrators? (Check one) Yes No

List the topic(s) you would be interested in consulting on:

Please list other ways you would be interested in contributing here: