Adjunct Faculty Data Request College of Health and Human Services Bowling Green State University

Individuals recommended for an appointment as Adjunct Faculty in the College of Health and Human Services at Bowling Green State University are required to provide the following information. Appointments will be for a three year period beginning July 1st, and will terminate on June 30th, or upon termination of affiliation with the program. Please sign the form, **attach a current resume**, and return it to the appropriate person by March 14th.

Name (please print)	ist	First	Middle	
Highest Degree				
Social Security Numbe	r*			
Birth Date* (year/mon	th/date)			
Gender*				
Agency/Institution				
Agency/Institution Ma	iling Address			
Home Mailing Address				
Daytime Telephone Nu	umber			
E-mail address				
BGSU email account, an appropriate box.	nd a photo session on cam	ulty photo identification car pus. Indicate your preferen ne of photo session (which i	-	
	ccount if you do not alread			
No, I do not	want BG1 Card			
Signature *Complete only if you i	Date ndicate 'Yes, I want an ID	card'.		
(must be completed by CHHS chair or director)				
Please check one:	New Appointment	Renewed Appointment		

Rank of Adjunct Faculty

CHHS Department/Program

CHHS	Chair	/Director	Signature

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A-D/Adjunct folder	/All Other Programs	Into Sneet/DIJ/2	/11/2011