

**UNIVERSITY OF MARYLAND
FACULTY/ASSOCIATE STAFF INFORMATION**

Last Name	Middle	First		This date
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Title	Department	Date of Appointment
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Home Address-Number and Street	City	State	Zip Code	Telephone
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Social Security Number	Date of Birth	Citizenship
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Education:	Degree	Institution	Date
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Other Graduate Work: _____

Positions Held, University of Maryland:

Dates	Department	Title
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Positions Held Elsewhere:

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<hr/>	<hr/>	<hr/>
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Professional and Learned Societies, Civic Clubs, etc: _____

Publications: (List most recent to a maximum of six)

Title	Publisher	Date	Co-Authors
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Research Interests: _____
