

**UNIVERSITY OF MARYLAND
FACULTY/EXEMPT 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Graduate Work: _____

Positions Held, University of Maryland:

Dates	Department	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Positions Held Elsewhere:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional and Learned Societies, Civic Clubs, etc: _____

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

Title	Publisher	Date	Co-Authors
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Research Interests: _____
