



BIOGRAPHY for ACADEMIC PERSONNEL U1501 (R7/92)

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PLEASE PRINT OR TYPE

To be filled in by Department

Campus Berkeley Department Title(s)

Name Last First Middle Mr. Mrs. Miss Ms. (optional)

Prior University Experience? Yes No If "Yes", list on the following page.

Permanent Home Address Street City State Zip Telephone

Current Home Address Street City State Zip Telephone

Current Business Address Street City State Zip Telephone

Date of Birth Are you a citizen of the U.S.? Yes No

If Not a Citizen of the U.S., Date Entered U.S. Type of Visa

Name and permanent address of person to be contacted in case of emergency:

Name

Street City State Zip Telephone

Relatives employed by the University:

Name Relationship Department

PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves...

NONDISCRIMINATION STATEMENT

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Name _____

Department _____

EDUCATION

| DATES OF ATTENDANCE | NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL (INTERN & RESIDENT) | LOCATION | MAJOR SUBJECT OR FIELD | DEGREES OR CERTIFICATES | DATE RECEIVED |
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Please indicate areas of sub-specialization, if any. Also include special licenses or permits.

Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.

Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc. and dates received.

Name _____

Department _____

PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES

Published writings and/or creative activities may be listed here or appended separately.

Please check box if you are attaching information.

Signature _____ Date _____