

TERM INSTRUCTOR DATA MAINTENANCE FORM

Modified 01 Sep 2006

All information on this form is as of the beginning date of the term.

SECTION I

Information in this section is to be completed by Academic Affairs and/or Instruction

Social Security Number: _____

Instructor Name: _____
Suffix _____

Birth Date: _____ (Mon/Date/Year/; EX: 01/03/1935)

Sex Code (1=Male; 2=Female) _____

Ethnic Group: _____

01=Asian/Pacific Islander

02=Black

03=Hispanic

04=American Indian/Alaskan Native

05=White

06=Non-resident Alien

Highest Degree Level: _____

00=Life Experiences/Other

01=Certificate of Proficiency [**< 1 yr**]

02=Technical Certificate [**At least 1 yr, but < 2 yrs**]

03=Associate

04=Advanced Certificate

05=Baccalaureate

06=Post-Baccalaureate Certificate

07=Master's Degree

08=Specialist Degree

09=Doctoral Degree

10=First Professional

11=Post-First Professional Certificate

12=Post-First Professional Degree

Terminal Degree Code: _____

Is this the highest degree level in the field of study? 1=YES; 2=NO

Course Credit Hours _____ (Enter the total number of course credit hours taught by the instructor for this term. Do not include off-schedule courses.)

Contract Term: _____ [9-10 months/11-12 months/Semester]

Contract Salary: \$ _____ [Enter Amount Paid. Do not include overload]

Signature: _____ Date: _____