



APPLICATION FOR FACULTY

Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Cell# _____

Email _____ Date of Birth _____

Emergency Contact _____

Telephone number _____

Beginning with the most recent, list academic degrees

School _____

Address _____

Academic major or area of study _____

of credit hours completed _____ Date of Graduation _____

Thesis or dissertation title and research results (if applicable) _____

School _____

Address _____

Academic major or area of study _____

of credit hours completed _____ Date of Graduation _____



Thesis or dissertation title and research results (if applicable) _____

School _____

Address _____

Academic major or area of study _____

of credit hours completed _____ Date of Graduation _____

Please describe your most recent teaching experience

Faculty position or title _____

Teaching subject _____

Provide any additional information (e.g. ministry involvement)

Please attach the following to your application

1. Resume or Curriculum Vitae
2. List of Professional References