BANNER FACULTY INFORMATION

Instructions: If update, enter last 4 SSN digits/Banner ID, Name and change.   If separation attach letter.
Please highlight change.

___New   ___Update   ___ Separation

SSN/BANNER ID   **NAME:**

STARTING TERM: _____   **SEPARATION DATE:** _____

GENDER: _____   **DOB**: _____
                           MM/DD/YY

TENURE: _____

RANK: If Change, effective Semester _____ and Year _____

_____   **FT ____**   **PT _____**

Teaching Discipline: _____

COLLEGE: _____   **DEPARTMENT**: _____

EARNED DEGREE   **FROM**   **DATE CONFERRED**

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

DEGREE IN PROGRESS   **FROM**   **EXPECTED DATE**

_____   _____   _____

COMMENTS: _____

                   _____

                   _____

FORM COMPLETED BY: _____   **DATE**: _____

FOR IR USE ONLY

Date entered on Banner: _____   By: _____

Banner ID: _____

(Revised 09/06/2018 FAC INFO.   BANNER)