

**LAMAR STATE COLLEGE-PORT ARTHUR
FACULTY INFORMATION REPORT**

Name _____ Semester _____

Rank and/or Title Presently held _____

Department _____ Full-time _____ Part-time _____

Office Bldg and Room # _____ Office Telephone _____

Name of Spouse (if applicable) _____ Residence Telephone _____

Residence Address _____

THE FOLLOWING FOR NEW EMPLOYEES AND CHANGE OF STATUS ONLY

Year Employed _____ Year Given Present Rank _____

Degrees Held	Institution(s) Awarding Degree	Year Awarded	Major

Professional Certification and/or License:

INSTRUCTIONS:

This form is to be completed the **first day of each semester** by all faculty members including part-time teachers and teaching fellows. The information will be used to update all personnel records as well as the printed college catalog.

DISTRIBUTION: (Send one copy to each of the following offices)

- Office of the Vice President for Academic Affairs
- Office of the Dean
- Office of the Department Chair
- Office of the Personnel Director