

Type of personnel (please check one):

- Early College Alliance
- Military Science
- Adjunct Faculty
- Visiting Scholar (*for program extension*)

Name: _____
First Middle Last

If this person has been a student or associated with EMU previously, list E#: _____

SSN: ____ - ____ - ____ Date of Birth: ____/____/____ Gender (circle one): M/F
mm dd yyyy

Home Address: _____
Street City State Zip

Home/Cell Phone #: _____ - _____ - _____

Start Date: _____ **End Date:** _____

Campus Address: _____
Room# and Building

Campus Phone #: _____ - _____ - _____

Department Head Signature _____ **Date** _____

Dean's Signature _____ **Date** _____

Graduate Studies and Research _____ **Date** _____

Provost Signature _____ **Date** _____

Please attach letter with reason for extension and other pertinent information for this individual and return the form to Academic Human Resources, 100A McKenny Hall.