

# Affiliate Faculty Nomination

Name \_\_\_\_\_

Title  Mr.  Ms.  Dr. \_\_\_\_\_

Include Last Degree Earned \_\_\_\_\_

Include Professional License # and State \_\_\_\_\_

Has this individual been associated with ISU in any capacity as a: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(not dept address) \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Department \_\_\_\_\_

College: \_\_\_\_\_

1) Social Security # \_\_\_\_\_

2) Date of Birth \_\_\_\_\_

3) Bengal # \_\_\_\_\_

*(if previously assigned)*

Prior Faculty  Former Student  Vendor

Phone #: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Demographic Information (for IPEDS reporting purposes):**

Nonresident Alien

American Indian or Alaska Native

White

Race and Ethnicity Unknown

Asian

Two or More Races

Male

Female

Hispanics of any race

Native Hawaiian or Other Pacific Islander

Black or African American