Idaho State University

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:
□ Prior Faculty  □ Former Student  □ Vendor

Mailing Address:
(not dept address)
City, State, Zip Code:
Department:
College:

Phone #:  (   )
Email Address:

Demographic Information (for IPEDS reporting purposes):
□ Nonresident Alien  □ Race and Ethnicity Unknown
□ American Indian or Alaska Native  □ Asian
□ White  □ Two or More Races
□ Male  □ Female
□ Hispanics of any race
□ Native Hawaiian or Other Pacific Islander
□ Black or African American