The Graduate School
Division of Graduate Education
600 Lincoln Avenue
Charleston, IL 61920

FACULTY DATA SHEET

Please complete and print form, mail or fax to the Graduate School. 217-581-6020

Enrollment for: ☐ Fall, 20 ____ ☐ Non Degree Status

☐ Spring, 20____ ☐ Degree Status

☐ Summer, 20____ Applying to pursue: _____

Name: _____
Last First Middle

E# : _____ Sex: ☐ Male ☐ Female

Citizenship: Are you a U.S. Citizen? ☐ Yes ☐ No

Residency: Are you an Illinois Resident? ☐ Yes ☐ No

Birthdate: _____/_____/_____

Enrollment Status: ☐ Transfer (3) ☐ Former EIU Student (4)

Classification: ☐ 5 - Highest Degree held is Bachelor's

☐ 6 - Highest Degree held is Master's OR above

Degrees: Bachelor's: _____
Name of Institution Year Conferred

Master's: _____
Name of Institution Year Conferred

Doctorate: _____
Name of Institution Year Conferred

Transcripts are on file with EIU ☐ Yes ☐ No

Department/Office of Employment at EIU: _____

Office #: _____ Building: _____

Office Phone #: _____ E-mail: _____

Permanent Address: _____

Signature: _____ Date: _____