

UNIVERSITY OF NEW MEXICO - LOS ALAMOS PROFESSIONAL PROFILE

Instructions: This form is to be completed by all TEMPORARY PART-TIME FACULTY member when first appointed to a temporary part-time position, and hereafter when there has been a significant change in professional status.

Name:	Date:
Address:	Phone Number:
Social Security Number:	Birthdate:
Have you ever held a full-time appointment at the University of New Mexico? YES _____ NO _____	If "YES" in what department?

Current employment outside UNM (Please complete this section if you are regularly employed in a position outside UNM):

Employer:	Address:
	Group: MS:
Position:	Phone:

Educational Background:

Degree	Year	Institution	Location
Other degrees and/or professional certificates:			