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| *To be filled out* *by Department* | **University of California, Riverside****BIOGRAPHY FOR ACADEMIC PERSONNEL****U1501-5 (R10/02)***PLEASE PRINT OR TYPE* | **THIS PAGE IS NOT TO BE RELEASED TO THE PUBLIC** |
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| CampusRIVERSIDE | Department      | Title(s)      |

Name       Mr./Mrs./Miss/Ms. (*optional*)

Last First Middle Circle One

Prior University Experience? Yes [ ]  No [ ]  If "Yes", list on the following page.

Permanent Home Address

Street City State Zip Phone

Current Home Address

Street City State Zip Phone

Current Business Address

Street City State Zip Phone

Date of Birth       Are you a citizen of the U.S.? Yes [ ]  No [ ]

If Not a Citizen of the U.S., Date Entered U.S.       Type of Visa

Name and permanent address of person to be contacted in case of emergency:

Name

Street City State Zip Phone

Relatives employed by the University:

Name Relationship Department

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| PRIVACY NOTICEThe State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:The principal reason for requesting the information on this form is for purposes of academic personnel administration and University public relations. University policy authorizes maintenance of this information. For academic personnel administrative purposes, furnishing all information on this form is mandatory and failure to provide it may result in denial of the action for which you are completing the form. Information on education, honors, awards, and/or publications ha been declared releasable by the courts, and therefore, will be released to the public, upon request.Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 160. Information on this policy can be obtained from campus or Office of the President Academic Personnel Offices. The officials responsible for maintaining the information contained on this form are the campus Academic Vice Chancellors |
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RETENTION: Academic Personnel - Senate Member: 5 years after separation to permanent.

Non-Senate Member: 5-10 years after separation.

Other Copies: 0-5 years after separation.

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| INCLUSIVE DATES:MONTH AND YEAR | INSTITUTION, FIRM, ORORGANIZATION AND LOCATION | APPROXIMATERANK, TITLE, OR POSITION |
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**EDUCATION**

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| DATES OF ATTENDANCE | NAME OF SCHOOL, COLLEGE, university, OR HOSPITAL (INTERN & RESIDENT) | LOCATION | MAJOR Subject or field | degrees or certificates | date received |
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| Please indicate areas of sub-specialization, if any. Also include special licenses or permits.      |

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| Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.      |

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| Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc., and dates received.      |

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| Name |       |  |
| Department |       |
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| **PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES** |
| Published writings and/or creative activities may be listed here or appended separately. | Please check if you are attaching information.[x]  |

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| Signature: |  | Date: |  |