The University of New Mexico
Professional Profile

This form is to be completed by all Temporary, Part-Time Faculty when first appointed as temporary, part-time faculty, and thereafter, when there has been a significant change in professional status.

Date: _____

_____ _____
Last Name, First Name, Middle Initial UNM ID

_____ _____
Date of Birth Department

Have you ever held a full-time, faculty appointment at the University of New Mexico? ☐ Yes ☐ No

If you are regularly employed in a position outside UNM, please indicate your current employment below:

Job Title: _____

Employer: _____

Employer Address (including City and Zip): _____

Work Telephone:_____

Educational Background and Job Related Training:

Institution Graduated	**Location**	**Diploma/Degree &**	**Year**	
		Major/Minor or Area of Course Work		☐ ☐
Yes	No			☐ ☐
	Yes	No		☐ ☐
		Yes No		☐ ☐

Other Degrees and/or Professional Certificates:

_____

_____

Licenses or certificates (*if required for this position*): _____

Are you now licensed or certified in your position or occupation? ☐ Yes ☐ No