**Appointment Information Form for Non-Salaried Appointments**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** Category I (Post-Doctoral Fellow)………….…..[ ] Associate Visiting Professor………...……...[ ]

 Category II (Visiting Scholar)………..……….…..[ ] Visiting Professor…………..……...……..……..[ ]

 Category III (Research Associate)…….………..[ ] Lecturer…………………..…………………..……..[ ]

 Assistant Professor……………………………….…..[ ] Instructor…………………..………….…….……..[ ]

 Benjamin Peirce Fellow……………..…….………..[ ] Other……………………..…………………………..[ ]

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| **Permanent Address:** |  | **Local Address:** |
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|  |  |  |
|  |  |  |
| **E-mail Address:** |  |
| **Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_** | **Male** – [ ] **Female** – [ ] |  **Married** – [ ] |
| **Spouse’s Name:** |  |  |
| **Are you a US Citizen?:** Yes [ ] No [ ] | **If not, type of visa:** |  |
| **Ethnicity:** | Black (not of Hispanic origin) – [ ] Asian or Pacific Islander – [ ] Native American or Alaskan Native – [ ] |
|  Hispanic – [ ] | White (not of Hispanic origin) – [ ] |  |
| **Telephone Numbers:** | (Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| In Case of Emergency: (Contact #1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_In Case of Emergency: (Contact #2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Appointment Starting Date:** \_\_\_\_ /\_\_\_\_ /\_\_\_\_ **Appointment Ending Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Previous Harvard / Radcliffe Employment** (Please include all types of appointments and dates):

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| **Academic Degrees** |
| **Degree** |  | **Year** |  | **College/University/Institute** |  | **Discipline** |
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| **Academic Appointment / Title Currently Held:** |  |
| **Permanent University Affiliation:** |  |
| **Amount of Support during Harvard Appointment:** |  |
| **Source of Support:** |  |
| **Name of Faculty Sponsor:** |  | **Field of Research:**  |  |
|  |  |  | (e.g. Algebraic Geometry, Number Theory, etc.) |

**Please scan and email the completed form to:** Larissa Kennedy(lkennedy@math.harvard.edu)

\*When writing your date of birth, please use the format of MM/DD/YYYY (e.g. 01/12/1945 for January 12, 1945).