

FACULTY DIRECTORY INFORMATION FORM - SPRING 2012

Please complete this form for the Spring 2012 Semester and return it to the Office of the Vice President for Academic Affairs no later than *January 27th*. Thanks, in advance, for your assistance.

Name: \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Contact Person's Name and Phone Number (s) in Case of an Emergency  
\_\_\_\_\_

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CAMPUS INFORMATION SPRING 2012

Office Building \_\_\_\_\_ Room Number \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Office Hours: Days: \_\_\_\_\_ Time: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

**Please Note:** If you should change your mailing address/telephone number or campus address/office hours during the semester, please record any such changes with this office and your appropriate department secretaries.