## **Shepherd University**

## **Faculty Directory Information Form**

Please complete this form and return it to the Office of the Provost by the requested date. Thank you in advance for your assistance.

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| **Personal Information** |
| Name |  |
| Home Mailing Address |  |
| City |  |
| State |  |
| Zip |  |
| Is this a new address? (Y or N) |  |
| Home or Cell Phone |   |
| **In case of Emergency** |
| Contact Person |  |
| Contact Person’s Phone |  |

*Please note: If you should change your mailing address/telephone number or campus address/office hours during the semester, please update your information in RAIL. Contracts are MAILED to your HOME ADDRESS in the summer.*

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| **Campus Information** |
| Semester | Fall  |
| Year | 2018 |
| Office Building: |  |
| Room Number: |  |
| Office Telephone Number: |  |
| Email Address: |  @shepherd.edu |

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| **Office Hours** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |