WVU-OFFICE OF THE UNIVERSITY REGISTRAR
FACULTY/ADVISOR INFORMATION FORM
FAX – 304-293-8991

Please complete all of the following information for new instructors and / or advisors and for all instructors and/or advisors who have left the department (this includes Graduate Students who are listed as instructors).
(Note: If you are not sure whether or not this person is already listed as an instructor, you can check in STAR by going to the menu screen and typing in SIAINST at the GO: prompt. Once in the form, enter the instructor's ID number or name and the current term. Perform a next block function. If the status block is blank or the status is equal to 'I', then you need to submit this form. If the status block is set to 'A', then the person is active and you do not need to complete this form.)

Forms that are received with incomplete information will not be processed and will be returned for completion!

WVU Id Number: (If one doesn't exist, leave blank) ☐☐☐ - ☐☐☐ - ☐☐☐

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐

Status: **Active:** ☐ **Inactive:** ☐

Gender: **Male:** ☐ **Female:** ☐

Note: Social Security Number will not be printed on reports. It will only be used to cross reference with Human Resources and for Higher Education Policy Commission reporting.

Start Term: (i.e.200801) ☐☐☐☐☐☐

End Term: (i.e.200805) ☐☐☐☐☐☐

Instructor Date of Birth:
Day (i.e. 01) – Month (i.e. FEB) – YEAR (i.e. 1944)

☐☐ - ☐☐☐ - ☐☐☐☐

Instructor Name: **Must use full proper name** – do not use nicknames – i.e., James David Smith do not submit: Jim, Jimmy or JD.

Last Name

First Name

Middle Name

Instructor: ☐ Advisor: ☐ College Code: ☐☐ Subject Code: (i.e. ENGL) ☐☐☐☐

Instructor at: **WVU** ☐ **Potomac State** ☐ **WVUIT** ☐

Submitter's Name & Signature (print & sign) **Phone Number**
(Required by Internal Audit)

Last revised: 10/20/09