



**MIDDLE STATES COMMISSION
ON HIGHER EDUCATION**

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DATA SHEET FOR FACULTY MEMBERS

Name of the Employee _____ **Date of Employment** _____
Division _____
Faculty Rank _____ **Full-Time / Part-Time** _____

Educational Credentials

List Below All Postsecondary Education; Beginning With the Most Recent

Name of the Institution	Location	Major	Degree	Date Received

List Below Any Certificate (S) / License (S) Held

Name of the Certificate/License			

Employment Information

Name of Employer	Title	Nature of Duties	Dates Employed

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE, TO THE BEST OF MY KNOWLEDGE

Signature of a Faculty Member: _____ **Date** _____