

APPENDIX A-9

**UNIVERSITY OF MASSACHUSETTS LOWELL
Personnel Form #6**

COMPREHENSIVE PROFESSIONAL VITAE (Full-Time Faculty/Librarians)

DATE: _____

NAME: _____
(last) (first) (middle)

Department(s): _____

College(s) or Service Unit(s): _____

Rank or Title _____ Field _____

A. EDUCATION AND ACADEMIC QUALIFICATIONS

1. Education (specify degree institutions, dates, honors, major fields of study, etc.)

2. Academic Experience (length of time at each institution, rank(s) held, etc.)

B. PROFESSIONAL ACTIVITIES

1. Professional Association Participation (state nature of participation: paper read, panel discussant, office holder, etc.)

2. Professional Honors and Awards

3. Non-Teaching Activities (Consulting and Other Professionally Related Work

D. INSTRUCTION RELATED ACTIVITY

1. Teaching (Courses taught, number of years, undergraduate-graduate levels, etc.)

2. Other Activity and Accomplishments Related to the Instructional Function

E. SERVICE ACTIVITIES

1. Community Activities Related to Professional Field

2. Committee Activities (Indicate if department, college or university level.)

3. Other Service to the University