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| **ADVISORY COMMITTEE MEMBER INFORMATION****[ ]  NEW MEMBER (Please complete this form in its entirety for each new member)****[ ]  CURRENT MEMBER INFORMATION UPDATE (Please supply name and updates only)** |

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| --- | --- |
| **DATE** |       |

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|       |  |       |
| **CURRICULUM CODE** |  | **PROGRAM** |

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|       |  |       |  |       |
| **LAST NAME** |  | **FIRST NAME** |  | **TITLE (Mr., Mrs., Ms.)** |

|  |  |
| --- | --- |
| **E-MAIL[[1]](#footnote-1)** |       |

|  |  |
| --- | --- |
| **P****OSITION** |       |

|  |  |
| --- | --- |
| **EMPLOYER** |       |
| **EMPLOYER’S ADDRESS** |       |
|  |       |
| **CITY/STATE/ZIP** |       |
| **[ ]  Member prefers to use home address (Employer information is still required)** |
| **HOME ADDRESS** |       |
| **CITY/STATE/ZIP** |       |

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| **SEX** |  |  | **RACE** | **[ ]  ASIAN** |
| **[ ]  MALE** | **[ ]  BLACK** |
| **[ ]  FEMALE** | **[ ]  CAUCASIAN** |
|  | **[ ]  HISPANIC** |
|  | **[ ]  OTHER** |       |

|  |  |
| --- | --- |
| **TERM** | **[ ]  ONE-YEAR** |
| **[ ]  TWO-YEAR** |
| **[ ]  THREE-YEAR** |

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| **PRIMARY PHONE NUMBER** | (     ) |       | **Ext.** |       |
| **ALTERNATE PHONE NUMBER** | (     ) |       | **Ext.** |       |

|  |  |
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| **FTCC GRAD** | **[ ]  YES** |
| **[ ]  NO** |

1. Email address is needed in order that an evaluation can be administered by the Institutional Effectiveness and Assessment office. [↑](#footnote-ref-1)