|  |
| --- |
| **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)** |

|  |  |
| --- | --- |
| **DATE** |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **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** | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEX** |  |  | **RACE** | **ASIAN** | |
| **MALE** | **BLACK** | |
| **FEMALE** | **CAUCASIAN** | |
|  | **HISPANIC** | |
|  | **OTHER** |  |

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

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

|  |  |
| --- | --- |
| **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)