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| *To be filled out**by Department* | **University of California, Riverside****BIOGRAPHY FOR ACADEMIC PERSONNEL****U1501-5 (R10/02)***PLEASE PRINT OR TYPE* | **THIS PAGE IS NOT TO BE RELEASED TO THE PUBLIC** |
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| CAMPUS:**RIVERSIDE** | DEPARTMENT:       | TITLE(s):      |

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| Name: |       |       |       | Dr./Mr./Mrs./Miss/Ms. (*optional*) |
|  | Last | First | M.I. | Circle One |
| Prior University Experience?: | Yes: [ ]  |  | No: [ ]  | If "Yes", list on the following page.  |

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| Permanent HomeAddress: |       |       |       |       |       |
| Street | City | State | Zip | Phone |

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| Current HomeAddress: |       |       |       |       |       |
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| Current BusinessAddress: |       |       |       |       |       |
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| Date of Birth: |       |  | Are you a citizen of the U.S.? | Yes: [ ]  |  | No: [ ]  |

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| If Not a Citizen of the U.S., Date Entered U.S. |       |  | Type of Visa: |       |

**Name and permanent address of person to be contacted in case of emergency:**

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| Name |

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| Relatives employed by the University: |       |       |       |
|  | Name | Relationship | Department |

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**EDUCATION**

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| DATES OF ATTENDANCE | NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL(INTERN & RESIDENT) | LOCATION | MAJOR SUBJECTOR FIELD | DEGREES OR CERTIFICATES | DATE RECEIVED |
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| Please indicate areas of sub-specialization, if any. Also, include special licenses or permits.      |

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| Memberships: Please list membership in scholarly societies, accreditation boards, civic organizations, etc. You may exclude any organization the name or character of which may indicate the race, religion, or national origin of its members.      |

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| Honors, Awards: Please list honors or awards such as Fulbright grants, Woodrow Wilson scholarships, special lectureships, medals, etc., and dates received.      |

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| Signature: |  | Date: |       |