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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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| Current Home  Address: |  |  |  |  |  |
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| Current Business  Address: |  |  |  |  |  |
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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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| Street | City | State | Zip | Phone |

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

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| INCLUSIVE DATES:  MONTH AND YEAR | INSTITUTION, FIRM, OR  ORGANIZATION AND LOCATION | APPROXIMATE  RANK, TITLE, OR POSITION |
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**EDUCATION**

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| DATES OF ATTENDANCE | NAME OF SCHOOL, COLLEGE, UNIVERSITY, OR HOSPITAL  (INTERN & RESIDENT) | LOCATION | MAJOR SUBJECT  OR 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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**PUBLISHED WRITINGS and/or CREATIVE ACTIVITIES**

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| PUBLISHED WRITINGS AND/OR CREATIVE ACTIVITIES MAY BE LISTED HERE OR APPENDED SEPARATELY. | Please check if you are attaching information. |

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| Signature: |  | Date: |  |