

WAKE FOREST UNIVERSITY
FACULTY APPLICANT DATA FORM

To be completed by the department:

Name _____ Date _____

Academic Department _____

Search Closing Date _____

Position Title _____

To be completed by the applicant:

Race/ Ethnic Origin:

_____ White

_____ African American(Non-Hispanic Origin)

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian or Alaskan Native

Sex:

_____ Female

_____ Male

Other:

_____ Disabled Veteran

_____ Vietnam Veteran

_____ Disabled

Source from which you learned of this vacancy _____

Please complete and return this form as soon as possible after its receipt. Check your preference concerning the release of the data below.

_____ You have my permission to release the data on this form to the search committee

_____ I request that the data on this form not be released to the search committee.

(Applicant Signature)

(Date)