## **Faculty Title Application Guilford Technical Community College**

<b>Employee Information:</b>				
Name:				
Division:	Current Title:			
Department:		Campus:		
Office :	Campus Extensi	on: Da	nte of Application:	
Title for which you are a	applying: (Please select o	one)		
<b>Assistant Profess</b>	or Assoc	ciate Professor	Professor	
Full-time teaching at G	ГСС:			
		Years	Months	
Previous work experience	ce as credited by GTCC	<b>Human Resources o</b>	ffice when hired:	
		Years	Months	
Degrees: (Please select al	ll that apply)			
Associate	Bachelor	Master	Doctorate	
Certifications: List and	describe each certification	on. If more space is ne	your highest degree)  eeded, use the back of this	
application or attach additional pages. A photocopy of each current certification should be attached.				

of this application or attach additional pages. Photoe When applying for professor rank, include a description	copies should be included for documentation.
College committee work does not count as a profess	
	,
Signature of Applicant	Date of Signature
By signing this application, I give permission for all informati file and other	on to be verified by Human Resources using my personne
OFFICIAL USE ONLY. DO N	OT WRITE IN THIS BOX.
Received by:	Date received:
Committee review:	Date forwarded:
Not Forwarded (see attached sheet for additional	al information):

Date verified:

**Human Resources** 

Not verifiable: