



Form 4: Faculty/Coordinator Demographic Information

Activity Title: _____ Semester or Date of Participation: _____

Name (First): _____ (Middle Initial): _____ (Last): _____

Social Security Number: _____ Gender: Male Female

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Race:

Black or African American Native American Native Hawaiian or Other Pacific Islander

Alaska Native Asian White Not Reported or Unknown

Disability Status:

Hearing Impairment Visual Impairment Mobility/Orthopedic Impairment

None

Other - please explain: _____

Discipline: *Choose one*

Agriculture Science Chemistry Computer Science Engineering Geosciences

Life/Biological Sciences Mathematics Physics/Astronomy Environmental Science

Non-STEM

Faculty Rank:

Professor Associate Professor Assistant Professor Adjunct Professor Administration

Adjunct Staff Lecturer Researcher National Lab Industry Other