TEXAS SOUTHERN UNIVERSITY NO PAY FACULTY

IDENTIFICATION

ID:		SSN:		_		
Last Name:	First Nan	First Name:		Middle Name:		
Prefix:	Suffix:					
EMPLOYEE ADD	RESS INFORMAT	TION				
Address:						
City:		State:				
Campus:		Phone:				
EMERGENCY CC	ONTACT INFORM	ATION				
Emergency Contact:						
Address:						
State:						
Relationship:						
BIOGRAPHIC IN	FORMATION					
Date of Birth:	Et	hnicity:				
Gender:	M	arital Status:				
Citizenship:						
<u>STATUS:</u> ACTIVE	FACULTY ASSIGN	IMENT				
SUBJECT COUR	SE No. SECTION		TIME	BLDG ROOM No.		
		MTWRF				