

Name: \_\_\_\_\_

Faculty Rank: \_\_\_\_\_

Home Department: \_\_\_\_\_

Research Interests: \_\_\_\_\_

Teaching Interests: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date \_\_\_\_\_

Department Chair/School Director: \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to Nuru Akinyemi (nakinyem@kennesaw.edu).