

FRESHMAN ACADEMIC ADVISING SERVICES (FAAS)
STATEMENT OF INTEREST
INSTRUCTION OF SLS 1503 CLASS
(Please Print Clearly)

Name: _____
Last Name *First Name* *Middle Initial*

Z Number: _____

Social Security Number: _____

Term Seeking Position: _____

Primary Employment Title: _____

Faculty or AMP (*check appropriate box*)

Location of Primary Employment (*Department*): _____

Employment: 12 Month or 9 Month (*check appropriate box*)

Approval of Chair/Supervisor for Secondary Employment with FAAS: YES NO

Applicant's Signature: _____ Date: _____

Applicant's Contact Number: _____

Applicant's Email Address: _____