

**Winthrop University Professional Development Courses (WPDC)
Instructor Information Form**

Last Name First Name Middle

Social Security Number _____ Birthdate _____ Male___ Female ___

Ethnicity:

___ 1. Black (non-Hispanic) ___ 2. American Indian/Alaskan ___ 3. Asian/Pacific Islander

___ 4. International (non-resident Alien) ___ 5. Hispanic ___ 6. White (non-Hispanic)

Work Mailing Address: Street, PO Box City, State Zip

daytime phone number e-mail address fax number

College of Education WPDC
College Dept. Rank (Professor, Associate Professor, Instructor, etc.)

Highest Degree Earned/Discipline/ Year Institution Highest Degree Received From

*Please submit a current professional resume with this form.
*All information must be completed for Winthrop University's Student Information System