

APPENDIX A-9

UNIVERSITY OF MASSACHUSETTS LOWELL  
Personnel Form #6

COMPREHENSIVE PROFESSIONAL VITAE (Full-Time Faculty/Librarians)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(last) (first) (middle)

Department(s): \_\_\_\_\_

College(s) or Service Unit(s): \_\_\_\_\_

Rank or Title \_\_\_\_\_ Field \_\_\_\_\_

A. EDUCATION AND ACADEMIC QUALIFICATIONS

1. Education (specify degree institutions, dates, honors, major fields of study, etc.)

2. Academic Titles ( ) Tj -0.002 Tc 0.0.001 Tw.51 0 Td ( I02 Tw (ma) Tj [6(jo)] TJ.0

## C. RESEARCH

### 1. Grants & Contracts

2. Academic & Professional Publications (Citations must include full and exact references; reprints of publications must be available for submission and must be submitted when requested. Use back of this page if additional spaces needed.)

3. Other Research or Creative Activities - Performances, Exhibitions, etc. (Copies of unpublished manuscripts and programs and/or critical reviews of creative activities must be available for submission and must be submitted when requested. Use back of this page if additional space is needed.)

