RESET SUBMIT FORM PRINT

MILITARY FACULTY INFORMATION FORM

Name: _____ Date: _____

Rank: _____ Branch of Service: _____ Designator: _____

NPS Arrival Date: _____ PRD: _____

Department: _____

Permanent Military Professor (PMP): ☐ YES ☐ NO

EDUCATION

Baccalaureate: Type, e.g., B.S. _____ Year: _____

Major: _____

Institution: _____

Master's: Type, e.g., M.S. _____ Year: _____

Field of Study: _____

Institution: _____

Doctorate: Type, e.g., Ph.D. _____ Year: _____

Field of Study: _____

Institution: _____

ACADEMIC (TEACHING AND RESEARCH) EXPERIENCE (please include dates):