## Virginia University

## of Science & Technology

## FACULTY POSITION

## Application Form

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### Application Requirements

According the State Council for Higher Education for Virginia (SCHEV) and Virginia Higher Education Regulations 8VAC 40-31-140(D)(4), All faculty who teach Master Program at university or college in Commonwealth of Virginia, must meet the following requirement in this checklist. All applicants must submit the following materials, as indicated, for their application to be complete and forwarded for faculty search committee review.  It is the applicant’s responsibility to assure all required materials are received prior to the deadline. The university/colleges have responsibility to ensure their faculty to qualify and meet requirements of the 8VAC 40-31-140(D)(4). *Please do not send any application materials to individuals or departments.*

All materials become the property of VUST and are maintained at the President Office.  If you submitted an application over a year ago, you may be required to submit new updated materials.  Transcript must be official one and directly mail/or email to VUST. **We do not accept copies of documents as "Official" documents.**

***Mail to:  
The Virginia University of Science & Technology  
The Faculty Search Committee   
8400 Westpark Dr. Suite 118  
Tysons, VA 22102***

***Email:*** [facultysearch@vust.u](mailto:facultysearch@vust.u)s

Applicants should visit VUST website and carefully read page of [www.vust.us/faculty-positions](http://www.vust.us/faculty-positions) to ensure you are meet SCHEV’s all requirements before you submit your application.

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| ART I：Personal Information | | | | | | | | | | | |
| Last Name |  | Sex | |  | Citizenship | | |  | | Current Photo  is required here | |
| First Name |  |
| SSN# or Passport |  | | | | Birth Day | | |  | |
| If you are foreigner, what kind of Visa Do you have now? | | | If Yes: Visa Type Visa ID: | | | | | | |
| Race |  | | | | | | | | | | |
| Birth Place | City/State/Country | | | | | | | Native Language | |  | |
| Home Address | Street,  City | | | | | State/Province | | | |  | |
| Country | | |  | Zip Code |  |
| Home Phone |  | | | | | Cell phone | | |  | | |
| Email |  | | | | | | Work Phone | | | | |
| Emergency Contact Person | Name | | | | Relation | | | | Phone | | |

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| PART II-A: Graduate Education Information | | | |
| University Name |  | Graduation | ☐ Yes ☐No |
| Enter Date | MM/YYYY | Graduate Date | MM/YYYY |
| Major |  | Minor |  |
| Average GPA | In 4.0 | Student ID |  |
| Degree(s) | ☐Yes ☐ No, if Yes Degree Received (MS, MA, etc.) | | |
| School Address |  | | |

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| PART II-B: Ph.D. / Doctoral Program Information | | | |
| University Name |  | Graduation | ☐Yes ☐No |
| Enter Date | MM/YYYY | Graduate Date | MM/YYYY |
| Major |  | Minor |  |
| Average GPA | In 4.0 | Student ID |  |
| Degree(s) | ☐Yes ☐ No, if Yes Doctoral Degree Received (Ph.D. Doctoral, etc.) | | |
| School Address |  | | |
| Thesis Title |  | | |
| Advisors & Contact information |  | | |

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| PART III A：Current Working Experience | | | |
| Employer Name |  | Start Date | MM/YYYY |
| Title & Responsibility |  | End Date | MM/YYYY |
| Address |  | Supervisor Name |  |
| Contract Email |  | Work Phone |  |

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| PART IV(1): Present/Previous Teach Experience | | | |
| University |  | Start Date | MM/YYYY |
| Title & Responsibility |  | End Date | MM/YYYY |
| Course Taught |  | Course Taught |  |
| Course Taught |  | Course Taught |  |
| Head of Department |  | Contact Email |  |
| PART IV(2): Present/Previous Teach Experience | | | |
| University |  | Start Date | MM/YYYY |
| Title & Responsibility |  | End Date | MM/YYYY |
| Course Taught |  | Course Taught |  |
| Course Taught |  | Course Taught |  |
| Head of Department |  | Contact Email |  |
| PART IV(3): Present/Previous Teach Experience | | | |
| University |  | Start Date | MM/YYYY |
| Title & Responsibility |  | End Date | MM/YYYY |
| Course Taught |  | Course Taught |  |
| Course Taught |  | Course Taught |  |
| Head of Department |  | Contact Email |  |

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| PART V. List Courses You Are Interested to Teach at VUST | | |
| Courses Title | What Time to Teach (you can select both) | Do You Teach it at Other University or College |
|  | ☐ Weekday ☐ Weekend & Evening | ☐Yes ☐ No |
|  | ☐ Weekday ☐ Weekend & Evening | ☐Yes ☐ No |
|  | ☐ Weekday ☐ Weekend & Evening | ☐Yes ☐ No |
|  | ☐ Weekday ☐ Weekend & Evening | ☐Yes ☐ No |

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| **PART VI：Recommendations** | | | |
| Recommendation I | Name | Phone: | Email: |
| Recommendation II | Name | Phone: | Email: |

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| **PART VII**：**Semester to Start to Teach and Which Semester You Like to Teach** | | |
| Start Date | ☐Fall ☐ Winter ☐ Spring ☐ Summer | |
| **PART X：Information Verification** | | |
| I, , I agree to the policies and regulations of Virginia University of Science & Technology (VUST). To the best of my knowledge, the information in this application is true. | | ☐ Agree |

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| Print Applicant Name Applicant Signature：  Date: mm/dd/yyyy |