

VIRGINIA UNIVERSITY OF SCIENCE & TECHNOLOGY FACULTY POSITION Application Form



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.us

Applicants should visit VUST website and carefully read page of www.vust.us/faculty-positions to ensure you are meet SCHEV's all requirements before you submit your application.

Virginia University of Science & Technology Application Form

8400 Westpark Dr. Suite 118, Tysons, VA 22102, USA, Tel: 703-298-5852, Info@vust.us

ART I : Personal Information									
Last Name			Sex	<input type="radio"/> M	Citizenship		Current Photo is required here		
First Name				<input type="radio"/> F					
SSN# or Passport				Birth Day					
If you are foreigner, what kind of Visa Do you have now?			If Yes: Visa Type		Visa ID:				
Race	<input checked="" type="radio"/> American <input type="radio"/> Caucasian <input type="radio"/> Latino <input type="radio"/> Black <input type="radio"/> American India <input type="radio"/> Asian								
Birth Place	City/State/Country				Native Language				
Home Address	Street,			State/Province					
	City			Country			Zip Code		
Home Phone				Cell phone					
Email					Work Phone				
Emergency Contact Person	Name			Relation		Phone			

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

PART II-B: Ph.D. / Doctoral Program Information				
University Name			Graduation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Enter Date		MM/YYYY	Graduate Date	
Major			Minor	

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Average GPA	In 4.0	Student ID	
Degree(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes Doctoral Degree Received		(Ph.D. Doctoral, etc.)
School Address			
Thesis Title			
Advisors & Contact information			

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	

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

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Course Taught		Course Taught	
Course Taught		Course Taught	
Head of Department		Contact Email	

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
	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend & Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend & Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend & Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend & Evening	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART VI : Recommendations

Recommendation I	Name	Phone:	Email:
Recommendation II	Name	Phone:	Email:

PART VII : Semester to Start to Teach and Which Semester You Like to Teach

Start Date	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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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.	<input type="checkbox"/> Agree
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Print Applicant Name

Applicant Signature:

Date: _____ mm/dd/yyyy