

URSMD ACADEMIC AFFAIRS – Demographics Form

For Departmental Completion only

Faculty Member Name:

Department:

Appointment (Start) Date:

For faculty member completion, a response is required to all questions not marked optional

Date of Birth:

Did you apply via URFacultySearch? Yes no

Place of Birth:

Comment*:

**optional*

What is your gender? (Select all that apply)

Man

Non-Binary

Woman

Prefer to self-describe

Prefer not to Provide

Are you Hispanic or Latino?

Yes

No

Prefer not to Provide

What is your race? (select one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Prefer not to Provide

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