

**MIAMI UNIVERSITY
GRADUATE ASSISTANT ACCEPTANCE/PERSONNEL DATA FORM**

RETURN TO: Academic Personnel Office, Room 1 Roudebush Hall, Miami University, Oxford, Ohio 45056. If accepting this appointment, you must complete this entire form and return it as early as possible.

APPOINTEE NAME (Last Name, First Name, Middle Initial) Please print

_____, PREFIX _____ SUFFIX _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **BANNER ID:** + _____

DATE OF BIRTH: ____/____/____ **SEX:** MALE ____ FEMALE ____

MARITAL STATUS (S-Single; M-Married; W-Widowed; D-Divorced; P-Separated) _____

LOCAL ADDRESS

EMERGENCY CONTACT INFORMATION

STREET _____

CONTACT NAME _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT RELATIONSHIP _____

LOCAL PHONE (____) _____ - _____

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

CONTACT PHONE NUMBER (____) _____ - _____

ETHNICITY: (This question is being asked for statistical use only in answering federal questionnaires.)

- ____ **1 White** (not of Hispanic Origin)-Persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- ____ **2 Black** (not of Hispanic Origin)-Persons having origins in any of the Black racial groups of Africa.
- ____ **3 American Indian or Alaskan Native** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
- ____ **4 Asian or Pacific Islander** Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
- ____ **5 Hispanic** Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

CITIZENSHIP (IF OTHER THAN U.S.): Country: _____ **Visa Status** _____ **Visa Expiration Date** ____/____/____

I accept / decline the appointment as a _____ in the Department or Office (please circle one)

of _____ for _____ semester(s) for the 20__ - 20__ academic year.

I agree to abide by the conditions and regulations set forth in my letter of appointment and the enclosure. I understand that if I resign my position before the end of my appointment I will be liable for an appropriate percentage of fees waived and overpayment of stipend.

I understand that this is a binding commitment of my appointment.

Date _____ **Signature** _____