

# Instructor Biography

UC Davis Continuing and  
Professional Education  
1333 Research Park Drive  
Davis, CA 95618-4852

*Use the Tab key to advance and the Shift Tab keys together to move back to the previous entry in this form.*

Today's date: \_\_\_\_\_

*For office use only*

**Instructor Record Number:** \_\_\_\_\_

Please return completed form by: \_\_\_\_\_

**Continuing and Professional  
Education contact:**

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Instructor's name:** \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Business address: \_\_\_\_\_

Job title: \_\_\_\_\_

Business phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a U.S. citizen? Yes ☐ No ☐

If no, type of visa: \_\_\_\_\_

**Education**

Major	University/School	Degree(s)	Date

**Professional experience:**

Job title	Employer	Dates

**Publications:**

Title	Publisher	Date

**Teaching experience:**

Course title	Institution	Dates

**Subject areas you are interested in teaching:**

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**Professional academic or community service activities:**

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**References – MAY NOT BE UC DAVIS CONTINUING AND PROFESSIONAL EDUCATION EMPLOYEES**

*List **four** people familiar with your qualifications for teaching and/or knowledge of the subject matter.*

*Whenever possible provide local references or University of California faculty.*

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**1.** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name/Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

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**2.** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name/Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

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**3.** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name/Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

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**4.** Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name/Address : \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

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*Instructor's Signature*

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*Date*