

**URSMD ACADEMIC AFFAIRS – Faculty Demographics Form**

**Faculty Member Name:**

**Department:**

**Appointment (Start) Date:**

**Date of Birth:**

**Place of Birth:**

**Did you apply via HRMS?\***

Yes

No

**Comment:**

**HRMS applicant ID number:**

*\* Applying in HRMS required except in special circumstances*

**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