



The Association of Theological Schools
The Commission on Accrediting
10 Summit Park Drive, Pittsburgh, PA 15275-1110

**ATS PERSONNEL 2017
PERSONNEL DATA FOR FULL-TIME FACULTY
AND SELECTED ADMINISTRATORS
FALL DATA**

Respondent	
Title	
Phone	
Email	

Duplicate form as necessary.

Name:

(First Name)

(M.I.)

(Last Name)

Admin. Title: _____

Denomination: _____

Faculty Title: _____

Race: _____

Ecclesiastical/Academic Form of Address: _____

Gender: _____

M | F

Business Telephone / Extension: _____

Year of Birth: _____

Business Fax / Extension: _____

Email: _____

Teaching Field Codes

Administrative Code(s)

Faculty Rank: _____

% Teach Time: _____

Tenure: _____

MDiv or Equivalent Degree: _____ Y | N

Ordained: _____ Y | N

Doctoral Degree

School Granting Doctoral Degree

Year Completed
