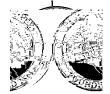
CLAFLIN UNIVERSITY



Office of Academic Affairs
400 Magnolia Street
Orangeburg, South Carolina 29115
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PROFESSIONAL APPLICATION FORM

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Signature:	Date:	
*Please attach your resume and transcript	ts (if applicable) to this Application	
Date of Application:		
Position Title:		

Please check all applica	ble options:				
Full-time:	Pattme:		Т	emporary:	
Date available:					
	PERSONAL INF	<u>ORMATIO</u>	<u>N</u>		
Namα					
Phone (Please include are		nate Phone ₋	(Please in	clude area code)	
Email address					
EDUCATIONAL BACKGROUND					
Type of School	Name and Address	Years Attended	Graduatior Date	Degree	

SELECT PUBLICATIONS (journal articles,	monographs, books, technical pape	rs, etc.):
Title	Publisher	Date

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Pursuant to University Policy No. 200.15: Nepotism, the University does not permit the supervision of an employee by a member of his/her immediate family. Do you have any relatives thatwork for Claflin?YesNo		
If yes, please provide name, department, and relationship:		