UNIVERSITY HOUSING SERVICES
FACULTY-IN-RESIDENCE APPLICATION

Please complete and submit the following Faculty-in-Residence Application and your curriculum vitae or resume to:

Stephanie Hubbard, Associate Director for Residential Life,
University Housing Services, San José State University
One Washington Square
San Jose, CA 95192-0133
Phone: (408) 795-5635
Fax: (408) 795-5678
Email: Stephanie.Hubbard@sjsu.edu

The position will remain open until filled. The first application review date is April 4, 2016. Application materials received by this date will be given first consideration. Applications received thereafter may be considered if the position is not filled.

Additional information about the University Housing Services can be found at: www.housing.sjsu.edu.

Name: _______________________________ SJSU ID#: ______________________
Address: ____________________________________________________________
Phone: _______________________________ Email: __________________________
Department: __________________________________________________________
Position: _____________________________________________________________

Please answer the following questions and attach your responses to this application:

1. Why are you interested in the Faculty-in-Residence position at San José State University?

2. How will you use the Faculty-in-Residence position to support student success?

3. Please describe a time when you provided support to a student with a non-academic concern.
4. Please describe an activity or program that you can offer in the residence halls.

Please provide contact information for three references (one academic, one student, and one additional):

**Academic Reference**
Name: __________________________________________________________
Title: __________________________________________________________
University: ______________________________________________________
Phone: __________________________________________________________
Email: __________________________________________________________
Nature of Relationship: __________________________________________

**Student Reference**
Name: __________________________________________________________
University: ______________________________________________________
Phone: __________________________________________________________
Email: __________________________________________________________
Nature of Relationship: __________________________________________

**Additional Reference**
Name: __________________________________________________________
Title: __________________________________________________________
Employer/Organization: __________________________________________
Phone: __________________________________________________________
Email: __________________________________________________________
Nature of Relationship: __________________________________________