

## **OFFICE OF THE REGISTRAR**

## **Bison Web ID Request/Faculty Assignment Form**

Please complete the necessary fields and email to kimberly.whitfield@howard.edu for further processing. For any questions or concerns please contact the Office of the Registrar at 202-806-2705.

INSTRUCTOR NAME:	(first, middle initial & last)		
PEOPLESOFT ID #:			
DATE OF BIRTH:			
SCHOOL/COLLEGE:			
DEPARTMENT:			
BISONWEB ID #:	WILL THE INSTRUCTOR	BE A TEACHERS ASST. OR GI	RADUATE ASST.? GRADUATE ASSISTANT
SUBMITTED BY:			
DATE:			
NOTE: Please indicate t	the CRN numbers of the cou	rse(s) the instuctor will be as	ssigned to.
CRN:	CRN:	CRN:	
CRN:	CRN:	CRN:	