**YOUR NAME**

Name of Your School/College

University of Wisconsin-Milwaukee

Address, City, State, ZIP

Phone 414-229-xxxx • Email: xxxx@uwm.edu

**(a) Professional Preparation (in chronological order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution name and location (state or country)** | **Major** | **Degree Type** | **Year Received** |
|  |  |  |  |
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|  |  |  |  |

**(b) Appointments (in reverse chronological order)**

|  |  |
| --- | --- |
| **Dates** | **Title, institution, city/state or city/country** |
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**(c) Publications/Products (No more than 10 in total; first list five publications/products most closely related to the project, followed by up to five publications/products of your choice. All publications/products must be citable and accessible, including but not limited to publications, data sets, software, patents, and copyrights.)**

**Five Publications/Products Most Closely Related to Project**

**Five Other Publications/Products**

**(d) Synergistic Activities (List up to five examples that demonstrate the broader impact of the individual’s professional and scholarly activities that focuses on the integration and transfer of knowledge as well as its creation.)**