

FACULTY INTERVIEW FORM

Date of Interview: _____

Name: _____

Phone: _____

School / Department: _____

E-Mail: _____

At UCI Since: _____

Fax: _____

Website / Homepage: _____

Preferred form of communication: Phone: _____ **E-Mail:** _____ **Fax:** _____

Graduate Institution / Year of Degree: _____

Bibliographer: _____

A. Research interests:

B. Teaching:

Course:

F/W/S

Year

C. Graduate student mentoring / dissertation advising:

D. Fellowships / grants:

E. Assessment of collection (strengths / weaknesses; strategies for supplementing collection:

F. Specific titles / resources needed / desired (e.g. journals, microform sets, conference proceedings):

G. Services of potential interest:

- | | |
|--|---|
| <input type="checkbox"/> Bibliographic instruction | <input type="checkbox"/> Document Delivery |
| <input type="checkbox"/> undergraduate | |
| <input type="checkbox"/> graduate | <input type="checkbox"/> SDI |
| <input type="checkbox"/> Internet / WWW | <input type="checkbox"/> Melvyl |
| <input type="checkbox"/> Government Information | <input type="checkbox"/> MRDF |
| <input type="checkbox"/> Special Collections | <input type="checkbox"/> SEA |
| <input type="checkbox"/> Library publications | <input type="checkbox"/> Other |
| <input type="checkbox"/> Faculty / librarian collaborative projects | |

H. Current publishing activity:

I. Current / projected use of e-resources:

J. Other comments:

K. Record of contact:

Date:

Librarian:

Notes / comments:

COPY AUL, Collections & Access Services