**Consultant Biographical Data Sheet**

*To be kept in the award file/ Filled by the consultant with proof of salary and a resume; reviewed by the principal investigator or their designee / Attached to Consultant Draft Contract*

|  |  |
| --- | --- |
| 1. Name *(Last, First, Middle)*      | 2. Form Submitted to the Lebanese American University in response to a request for proposal detailed under sections (4, 5 and 7) |
| 3a. Contact details of consultant |  4. Award Number      |  5. Requested Consultancy      |
| 6. Proposed Daily Rate      | 7. Duration of Assignment      |
| 3b. Tax Number of consultant: |
| 8. Telephone Number *(include area code)*      | 9. Place of Birth      | 10. Citizenship (*If non-U.S. citizen, give visa status)*      |
| **11. EDUCATION** *(include all college or university degrees)* | **12. LANGUAGE PROFICIENCY** *(fair, good, excellent, native)* |
| NAME AND LOCATION OF INSTITUTION | MAJOR | DEGREE | DATE | LANGUAGE | ProficiencySpeaking | ProficiencyReading |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **13. EMPLOYMENT / SALARY HISTORY** |
| 1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.
 |
| POSITION TITLE | EMPLOYER’S NAME AND ADDRESSPOINT OF CONTACT &TELEPHONE # | Dates of Employment *(M/D/Y)* | Annual Salary |
| From | To | Dollars |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **14. SPECIFIC CONSULTANT SERVICES** *(give last three (3) years)* |
| SERVICES PERFORMED | EMPLOYER’S NAME AND ADDRESSPOINT OF CONTACT &TELEPHONE # | Dates of Employment *(M/D/Y)* | Days atRate | Daily RateIn Dollars |
| From | To |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **15. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.** |
| Name and Signature of Consultant: | Date      |