



Hunt Institute for Botanical Documentation

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Pittsburgh, Pennsylvania 15213-3890
Telephone: 412-268-2434
Fax: 412-268-5677

Biographical Record

Name (full given name; also preferred form, if different) _____

Day, month and year of birth _____

Place and country of birth _____

Country of citizenship _____

Degrees (institutions and years) _____

Botanical or horticultural specialties _____

Present position and address (with date of appointment) _____

Previous positions (with dates) _____

Publications (attach separate sheets if necessary) _____

Where do you deposit herbarium specimens or other voucher materials (e.g., cytological, phytopathological)? _____

Where do you deposit your field notes, laboratory notes, correspondence and manuscripts pertinent to your work? _____

If you retain possession of such materials now, where do you plan to deposit them? _____

If you have made no decision about the disposal of your papers, Hunt Institute urges you to do so. The best place for botanists' papers is at their home institutions; our policy is to accept them only as a repository of alternate resort.

Please indicate the persons or affiliations that influenced you most in your professional work (explain briefly). _____

What do you consider your most important work(s) in the plant sciences thus far in your career (including organizational or educational work as well as research)? _____

Please enclose a recent photo for our Portrait Collection, and indicate date and place it was taken. _____

Please enclose a copy of your curriculum vitae.

The information requested hereon is intended for historical data collection and will be available for scholarly public access. By signing this form I hereby give my permission for such use, subject to any lifetime restrictions noted below.

Signature _____ Date _____

Restrictions (applicable until the biographee's death unless otherwise noted) _____
