

BOSTON UNIVERSITY
RECOMMENDATION FOR FULL-TIME FACULTY REAPPOINTMENT/NON-REAPPOINTMENT

Name (Last, First, MI)		University ID Number	Date Form Completed	
School-Department		Rank/Title	% Time	Assign Duration
Initial Full-Time Appointment Date	Current Appointment Period		Projected Tenure Review Year	
	From	To		
Academic Rate		Actual Salary	Funding Sources	

HISTORY OF COURSES TAUGHT (LIST INITIAL SEMESTER FIRST)

<i>Year-Sem.</i>	<i>Course Title</i>	<i>Course No.</i>	<i>CR Hours</i>	<i>Enrollment</i>
------------------	---------------------	-------------------	-----------------	-------------------

RECOMMENDATION/APPROVAL

SIGNATURES

Department's Recommendation <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> ____ Year Reappointment	Chair _____ Date _____
Dean's Recommendation <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> ____ Year Reappointment	Dean _____ Date _____
Provost Approval <input type="checkbox"/> Non-Reappointment* <input type="checkbox"/> ____ Year Reappointment	Provost _____ Date _____

TO BE COMPLETED UPON FINAL APPROVAL

Next Review Process <input type="checkbox"/> Reappointment <input type="checkbox"/> Tenure	Reappointment Notification Date	Projected Tenure Review Year
Reappointment Period		

*Please see instructions for suggested wording to be included in non-reappointment letter.

**BOSTON UNIVERSITY
RECOMMENDATION FOR FULL-TIME FACULTY
REAPPOINTMENT/NON-REAPPOINTMENT**

Name (Last, First, MI)

School-Department

Date Form Completed

CHAIR'S EVALUATION OF RESEARCH, TEACHING, AND OTHER PROFESSIONAL ACTIVITY (should include evaluation of need for position and future need/ role of the faculty member)

DEAN'S EVALUATION OF RESEARCH, TRAINING, AND OTHER PROFESSIONAL ACTIVITY (should include evaluation of need for position and future need/ role of the faculty member)