

**BOSTON UNIVERSITY
RECOMMENDATION FOR
EMERITUS APPOINTMENT
EXTENSION OF SERVICE**

Name (Last, First, MI)	University ID Number	Effective Date
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School-Department	Rank/Title
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EXTENSION OF SERVICE RECOMMENDATION

School-Department	Rank/Title
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APPOINTMENT PERIOD		Percent Time	Assign Duration <i>(months per year)</i>
From	To		

FULL-TIME FACULTY	PART-TIME FACULTY	Total Salary	Funding Sources
Academic Rate	Rate \$ per		

<i>Year-Sem.</i>	<i>Course Title</i>	<i>Course No.</i>	<i>CR Hours</i>	<i>Est. Enrollment</i>
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Chair's Evaluation/Other Duties

SIGNATURES

Chair	Date	Dean	Date
Other	Date		