## BOSTON UNIVERSITY RECOMMENDATION FOR CHANGE OF TITLE CHANGE OF STATUS

Name (Last, First, MI)			University ID Number			Efi	Effective Date		
School, Department									
		APPOINTMENT PERIOD							
	Rank/Title		From To						
CURRENT									
RECOMMENDED If Different									
			T			T	ı		
	Tenure Status		Projected Te Review Yea	enure ar	Assignment Duration	Percent Time	Total Salary	Other	
CURRENT	Non-Tenure Track	Tenure Track							
RECOMMENDED  If Different	Non-Tenure Track	Tenure Track							
RATIONALE FOR	CHANGE								
SIGNATURES									
Chair		Γ	Date I	Dean				Date	
Other		Γ	Date Pr	rovost				Date	