

**BOSTON UNIVERSITY**  
**RECOMMENDATION FOR SECONDARY FACULTY REAPPOINTMENT**

Name (Last, First, MI)		University ID #		Academic Year	
School-Department		Rank		% Time	
Current Appointment Period			New Appointment Period		
From	To	From	To		
Work Assignment/Duties					
Comments/Additional Information					
<b>SIGNATURES</b>					
Chair	Date	Dean	Date		
Other	Date				

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*Name (Last, First, MI)*

*School-Department*

*Date Form Completed*

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

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