

**BOSTON UNIVERSITY
RECOMMENDATION FOR ACADEMIC APPOINTMENT**

Name (Last, First, MI)		Social Security Number	Academic Year
School-Department		Rank/Title	
APPOINTMENT PERIOD		Percent Time	Assign Duration (months per year)
From	To		
Work Authorization Status: <input type="checkbox"/> US Citizen/Permanent Resident <input type="checkbox"/> Visa (type) _____ (exp) _____ <input type="checkbox"/> Other _____		Reappointment Notification Date	Projected Tenure Review Year
Tenure Status: <input type="checkbox"/> Non-Tenure Track <input type="checkbox"/> Tenure Track <input type="checkbox"/> Tenured			
<input type="checkbox"/> FULL-TIME FACULTY	<input type="checkbox"/> PART-TIME FACULTY	Stipend	Actual Salary
Academic Rate	Rate		
	\$ per		

WORK ASSIGNMENT

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

POSITION BUDGET	COMMENTS
Replacing <i>Unit-Department- Object Code-Source Amount</i> <div style="text-align: right;">TOTAL:</div>	

SIGNATURES:

Dean _____ Date _____	Provost _____ Date _____
Budget _____ Date _____	Other _____ Date _____