

BOSTON UNIVERSITY
RECOMMENDATION FOR SECONDARY FACULTY REAPPOINTMENT

Name (Last, First, MI)

School-Department

Date Form Completed

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)

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)