



Name:

Recommendation for:

- ☐ Initial Appointment
☐ Promotion from _____ to _____
☐ Title Change from _____ to _____
☐ Secondary Appointment

Position and Rank at Boston University:

Assistant Professor of ... College of ...

Educational History: (list year, degree, institution, discipline)

Year Ph.D., University of XYZ; Discipline

Year M.S., University of XYZ; Discipline

Year B.A., University of ABC; Discipline

Additional training: (residency, fellowships and post docs)

Year - year B.A., University of ABC; Discipline

Previous Academic Appointments (including previous Boston University appointments):

Year - year Academic Title, University of ... (add additional lines)

Administrative Appointments or Other Employment outside of Boston University:

Year-year Admin Title ... (add additional lines)

Describe the faculty member's specific expertise. Including the evidence that this person is, or promises to become a scholar, performer, or practitioner of national or international distinction (200-300 words):

Significant Awards and Honors (note that grants should be listed separately below):

Year List as applicable (add additional lines)

Teaching Experience, including awards if any, and expectations for teaching at Boston University:

Prof. ABC taught X, XXX and YYY at the University of XYZ...She won the xxxx teaching award in 200X... At Boston University, Prof. ABC will be expected to teach AA, BB and CC.

Active External Funding, if applicable: (Award Period, source, Title, PI status, amount)

Year – Year Funding Agency #, "Title of grant," Prof. ABC is the co-PI, Direct costs: \$xxx,xxx

Past External Funding, if applicable:

19xx-20xx # of awards, total funding: \$XXX,XXX.

Numerical Summary of Publications, or other scholarly or creative work:

refereed journal articles, #books, etc., # additional submitted/in revision, # additional publications, and # abstracts or presentations, as applicable.

Three most recent and/or significant publications/creative works:

- 1.
- 2.
- 3.

Administrative Responsibilities at Boston University, if applicable:

(List)

Licensure, if applicable:

Confidential Internal Information:

BUID Number:

Appointment start date:

Tenure review year, if applicable:

Appointment & Promotion Committee Votes:

	Meeting Date	For	Against	Abstaining	Absent
Department:					
Secondary Department (if applicable):					
School committee:					
UAPT (if applicable):					

Base Salary: _____ ☐ 9-month appt. ☐ 12-month appt. ; **Percent Effort:** _____

Salary Source(s):

Salary Range of Faculty at Same Rank in the Department: \$YY,YYY – ZZZ,ZZZ

Total # Full-time Faculty and Instructional Staff (Full-time Lecturers) in School or College:

Professorial TT: #/%; Tenured: #/%

Professorial NTT: #/%

Non-Professorial Instructional Staff: #/%

Approvals:

Date

Department Chair: _____

Dean: _____

Provost: _____

President: _____
