**BOSTON UNIVERSITY RECOMMENDATION FOR ACADEMIC APPOINTMENT**

Name (Last, First, MI) Academic Year

School-Department

APPOINTMENT PERIOD From To

Rank/Title

Percent Time Assign Duration

(months per year)

Work Authorization Status:

□

US Citizen/Permanent Resident

□

Other

□Visa (type) *(*exp)

Reappointment

Notification Date

Projected Tenure

Review Year

Tenure Status: □Non-Tenure Track □Tenure Track □Tenured

FULL-TIME FACULTY PART-TIME FACULTY Academic Rate Rate

Stipend

Work Authorization Status

Tenure Status

Non-Tenure Track Tenure Track Tenured

Actual Salary

$ WORK ASSIGNMENT

*Year-Sem Course Title*

per

*Course No. CR Hours* Est Enrollment

Other Duties

POSITION BUDGET COMMENTS Replacing

*Unit-Department- Object Code-Source Amount*

TOTAL:

**SIGNATURES:**

Dean Date Provost Date

CSI Sexual Misconduct Check Status Date Other Date