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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty Member’s Name (First Last)** |  | | **Alternate Surname** | **{optional}** | **Alternate first name/nick name** | | **{optional}** |
| **BU Email Address** |  | | | **Alt email** | | **{optional}** | |
| **School/College** |  | | | | | | |
| **Department** |  | | | | | | |
| **New to BU** | Yes: No: | Is this person staff or student? Yes: No: (No if only faculty) | | | | | |

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| **Start Date** | **Credits** | **Course Nbr** | **Title** | **Course Schedule** | **Classroom** | **Compensation** | **Course Duration** | **Min Enroll.** | **Cancellation**  **Deadline** |
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| --- | --- | --- | --- |
| Length of contract |  | Direct supervisor |  |

|  |  |
| --- | --- |
| Proposed faculty member’s qualifications for this assignment |  |

Terminal degree in the discipline being taught? Yes: No:

|  |  |
| --- | --- |
| Prior teaching of this course or similar courses at BU in the past 3 years: | |
| **Course** | **List of Semesters/Years Taught** |
|  |  |
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| --- | --- |
| Expected contact time outside of class, if any |  |
| Where can this instructor meet one-on-one with students? |  |
| Forms of evaluation and feedback (e.g. student evaluation, peer teacher observation, etc.) |  |
| Name of individual who will review the evaluation |  |
| Other employment at BU, if any |  |
| Additional teaching outside BU during the requested semester |  |

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| --- | --- | --- | --- |
| Checklist completed by |  | Date |  |
| Packet reviewed & approved by (Provost Office) |  | Date |  |