

**BOSTON UNIVERSITY**  
**RECOMMENDATION FOR SECONDARY FACULTY APPOINTMENT**

Name (Last, First, MI)		BUID	Rank
Primary School/College-Department		Secondary School/College-Department	
Secondary Appointment Period		Secondary Appointment Percent Time (if not 0%)	
From:	To:		
Duties/Work Assignment:			
Terms and Compensation:			
<b>Approvals:</b>			
Chair (Primary Appointment)	Date	Chair (Secondary Appointment)	Date
Dean (Primary Appointment)	Date	Dean (Secondary Appointment, if applicable)	Date
Other	Date	Provost's Office (required if appointments span different units)	Date