

**ADJUNCT FACULTY – INITIAL APPOINTMENT**

**Note:** It is important that ALL sections of this form are completed. *Incomplete forms will not be accepted.*

<b>Department</b>		<b>New to BU</b>	
<b>Academic Year</b>		<b>Current Staff</b>	
<b>Semester</b>		<b>Current Student</b>	
<b>BU ID (if applicable)</b>			

***Appointee Personal Data***

<b>Appointee Name (First, Last):</b>			
<b>Appointee Alternate Surname:</b>			
<b>Appointee Nickname:</b>			
<b>Date of Birth (MM/DD/YYYY):</b>		<b>Country of Citizenship:</b>	
<b>Gender:</b>		<b>Visa Type (if applicable):</b>	
<b>Social Security Number:</b>		<b>Immigration Expiration Date:</b>	

***Address and Contact Data***

<b>House Number &amp; Street:</b>		<b>Home/Cell Phone:</b>	
<b>City/Town:</b>		<b>BU Email:</b>	
<b>State/Province:</b>		<b>Alt Email 1:</b>	
<b>Postal Code:</b>		<b>Alt Email 2:</b>	
<b>Country (if outside U.S.):</b>			

***Education (list highest degree first)***

<b>Degree</b>	<b>Date Earned (MM/YY)</b>	<b>Field of Study</b>	<b>Institution</b>	<b>State/Country</b>

***Prior Boston University Work Experience***

<b>Department/School</b>	<b>Title</b>	<b>Status</b>		<b>Start &amp; End Date</b>
		<b>FT</b>	<b>PT</b>	

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