

**BOSTON UNIVERSITY  
RECOMMENDATION FOR  
CHANGE OF TITLE  
CHANGE OF STATUS**

Name (Last, First, MI)	University ID Number	Effective Date
School, Department		

	Rank/Title	APPOINTMENT PERIOD	
		From	To
CURRENT			
RECOMMENDED <i>If Different</i>			

	Tenure Status		Projected Tenure Review Year	Assignment Duration	Percent Time	Total Salary	Other
	Non-Tenure Track	Tenure Track					
CURRENT							
RECOMMENDED <i>If Different</i>							

RATIONALE FOR CHANGE

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**SIGNATURES**

Chair	Date	Dean	Date
Other	Date	Provost	Date