

**BOSTON UNIVERSITY**  
**RECOMMENDATION FOR FULL-TIME FACULTY REAPPOINTMENT/NON-REAPPOINTMENT**

Name (Last, First, MI)		University ID Number	Date Form Completed
School-Department		Rank/Title	
Initial Full-Time Appointment Date	Current Appointment Period		Projected Tenure Review Year
	From	To	

**HISTORY OF COURSES TAUGHT (LIST INITIAL SEMESTER FIRST)**

<i>Year-Sem.</i>	<i>Course Title</i>	<i>Course No.</i>	<i>CR Hours</i>	<i>Enrollment</i>
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RECOMMENDATION/APPROVAL	SIGNATURES
Department's Recommendation <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> ____ Year Reappointment	Chair _____ Date _____
Dean's Recommendation <input type="checkbox"/> Non-Reappointment <input type="checkbox"/> ____ Year Reappointment	Dean _____ Date _____
Provost Approval <input type="checkbox"/> Non-Reappointment* <input type="checkbox"/> ____ Year Reappointment	Provost _____ Date _____

**TO BE COMPLETED BY THE OFFICE OF THE PROVOST FOR REAPPOINTED FACULTY**

Next Review Process <input type="checkbox"/> Reappointment <input type="checkbox"/> Tenure	Reappointment Notification Date	Projected Tenure Review Year
Reappointment Period		

\*Please see instructions for suggested wording to be included in non-reappointment letter.

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Name (Last, First, MI)

School-Department

Date Form Completed

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CHAIR'S EVALUATION OF RESEARCH, TEACHING, AND OTHER PROFESSIONAL ACTIVITY (should include evaluation of need for position and future need/ role of the faculty member)

DEAN'S EVALUATION OF RESEARCH, TRAINING, AND OTHER PROFESSIONAL ACTIVITY (should include evaluation of need for position and future need/ role of the faculty member)