

Checklist for Part-time Faculty Appointments

Faculty Member's Name (First Last)	Porky Pig	Alternate Surname	<small>(optional)</small>	Alternate first name/nick name	<small>(optional)</small>
BU Email Address	porky@bu.edu	Alt email		<small>(optional)</small>	
School/College	Questrom School of Business				
Department	Accounting				
New to BU	Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>		Is this person staff or student? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> (<i>No</i> if only faculty)		

Start Date	Credits	Course Nbr	Title	Course Schedule	Classroom	Compensation	Course Duration	Min Enroll.	Cancellation Deadline
01/01/18	4	AC221 A1	Financial Accounting	TTH 11:00-12:15	TBA	0	1 semester	NA	NA

Length of contract	1 semester	Direct supervisor	Bob Clampett
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Proposed faculty member's qualifications for this assignment	Porky is one of our current Ph.D. students and has demonstrated very strong teaching and research skills.
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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

Expected contact time outside of class, if any	Weekly office hours
Where can this instructor meet one-on-one with students?	HAR519
Forms of evaluation and feedback (e.g. student evaluation, peer teacher observation, etc.)	Student evaluation, performance evaluation
Name of individual who will review the evaluation	Bob Clampett
Other employment at BU, if any	None
Additional teaching outside BU during the requested semester	None

Checklist completed by	Hsiu-Hsien Chiang	Date	03/29/2017
Packet reviewed & approved by (Provost Office)		Date	

ADJUNCT FACULTY – INITIAL APPOINTMENT

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

Department	Accounting	New to BU	<input type="checkbox"/>
Academic Year	AY17-18	Current Staff	<input type="checkbox"/>
Semester	Spring	Current Student	<input checked="" type="checkbox"/>
BU ID (if applicable)	U23456789		

<i>Appointee Personal Data</i>			
Appointee Name (First, Last):	Porky Pig		
Appointee Alternate Surname:			
Appointee Nickname:			
Date of Birth (MM/DD/YYYY):	07/27/1940	Country of Citizenship:	U.S.A.
Gender:	Male	Visa Type (if applicable):	
Social Security Number:	012-34-5678	Immigration Expiration Date:	

<i>Address and Contact Data</i>			
House Number & Street:	4000 Warner Blvd	Home/Cell Phone:	818-123-4567
City/Town:	Burbank	BU Email:	porky@bu.edu
State/Province:	CA	Alt Email 1:	
Postal Code:	91522	Alt Email 2:	
Country (if outside U.S.):			

<i>Education (list highest degree first)</i>				
Degree	Date Earned (MM/YY)	Field of Study	Institution	State/Country
M.A.	05/31/1960	Accounting	Acme University	CA
B.A.	05/31/1950	Accounting	Acme University	CA

<i>Prior Boston University Work Experience</i>				
Department/School	Title	Status		Start & End Date
		FT	PT	

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Course(s) to be taught:						
Course # & Section	Course Title	Credits	Start Date	End Date	Course Duration	Course Rate
AC221 A1	Financial Accounting	4	01/01/18	05/02/18	1 semester	0
TOTAL SALARY						\$ 0

Chair's Justification for Hire:

Porky is one of our current Ph.D. students and has demonstrated very strong teaching and research skills.

Required Attachments		
Recommendation Letters	#1 <input checked="" type="checkbox"/>	#2 <input checked="" type="checkbox"/> #3 <input checked="" type="checkbox"/>
Curriculum Vitae / Résumé	#1 <input checked="" type="checkbox"/>	

Form Completed By:	Hsiu-Hsien Chiang Name	03/29/2017 Date
Department Chair Approval:	Signature	Date
Dean's Office Approval:	Signature	Date