

## Checklist for Part-time Faculty Appointments

<b>Faculty Member's Name (First Last)</b>		<b>Alternate Surname</b>	<small>(optional)</small>	<b>Alternate first name/nick name</b>	<small>(optional)</small>
<b>BU Email Address</b>		<b>Alt email</b> <small>(optional)</small>			
<b>School/College</b>					
<b>Department</b>					
<b>New to BU</b>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Is this person staff or student? Yes: <input 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

Length of contract	Direct supervisor
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Proposed faculty member's qualifications for this assignment	
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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	
Where can this instructor meet one-on-one with students?	
Forms of evaluation and feedback (e.g. student evaluation, peer teacher observation, etc.)	
Name of individual who will review the evaluation	
Other employment at BU, if any	
Additional teaching outside BU during the requested semester	

Checklist completed by		Date	
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.*

<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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<i>Course(s) to be taught:</i>						
Course # & Section	Course Title	Credits	Start Date	End Date	Course Duration	Course Rate
TOTAL SALARY						

*Chair's Justification for Hire:*

<i>Required Attachments</i>			
Recommendation Letters	#1	#2	#3
Curriculum Vitae / Résumé	#1		

<b>Form Completed By:</b>	Name	Date
<b>Department Chair Approval:</b>	Signature	Date
<b>Dean's Office Approval:</b>	Signature	Date