

BOSTON UNIVERSITY  
RECOMMENDATION FOR SECONDARY ADMINISTRATIVE APPOINTMENT

Name (Last, First, MI)		University ID Number	Academic Year
School-Department		Title	Current Rank
Appointment Period		Compensation	Funding Source
From	To		
<b>WORK ASSIGNMENT</b>			
<i>Year-Sem.Course Title</i>	<i>Course No.</i>	<i>CR Hrs</i>	<i>Enrolled</i>
Secondary Appointment			
Chair's Evaluation (if applicable)			
Dean's Evaluation			
<b>SIGNATURES</b>			
Chair (if applicable)	Date	Dean	Date
Other	Date	Provost	Date