*Please fill out this form to indicate the information that is needed for your request. Please be advised that there will be at least two weeks from when this form is submitted to obtaining the requested data.*

*Please submit this form to Danielle White (*[*dawhite@bu.edu*](mailto:dawhite@bu.edu)*) or* [*busmfap@bu.edu*](mailto:busmfap@bu.edu)*.*

**Requester**:

**Department**:

**Request Date**:

**Department Faculty Roaster: Primary Appointments**

* Includes full time, part time, voluntary, and affiliates

**Other Type:**

*Please indicate the reason and purpose for this request.*

Required information for this request ***(please check all that apply)***:

* **Faculty Type –**

Full-Time Faculty

Part-Time Faculty

Voluntary (i.e. adjunct, affiliates, etc.)

Emeritus

* **Covered By** *(if comp faculty)* **–**

Practice Plan (BUMG)

BU Policy (non-BUMG)

* **Aggregated Demographic information** *(please note that we cannot provide individual demographic information)*

Gender

Race

Ethnicity

* **Dates****–**

Hire Date

Initial Appointment Date

Effective Date on Current Rank

* **Rank****–**

Unmodified (Professor, Associate Professor, Assistant Professors)

Modified (Research or Clinical prefix)

Instructors

Other Combination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Affiliated Site information included?**

Yes

No

* **Other information?**

Please indicate here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_