*Please fill out this form to indicate the information that is needed for your request. We will try our best to turn this data around to you quickly, but please allow up to two weeks from when this form is submitted. If you have any question, please email:* [*camedfap@bu.edu*](mailto:camedfap@bu.edu) *.*

**Requester**:

**Department**:

**Request Date**:

**Department Faculty Roster: 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)

* **Demographic information** *(please note that if this is marked only aggregate data can be provided)* **–**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Rank****–**

Unmodified (Professor, Associate Professor, Assistant Professors)

Modified (Research or Clinical prefix)

* **Affiliated Site information included?**

Yes

No

* **Other information?**

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