



Memorandum

TO: _____
Associate Dean for Faculty Affairs, CLAS

FROM: _____
Faculty Name

RE: **Course Buyout/ Release Request**

I request a course reduction for the _____ academic year, (select one) _____ term. In accordance with provisions of CLAS policy, I present the justification, project information and required chair’s approval below and attach the proposal narrative and budget.

COURSE BUYOUT/RELEASE JUSTIFICATION

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PROJECT INFORMATION

Sponsor Name	
Project Title	
Project Period	
Direct Cost	
Indirect Cost (rate: ____)	
Total Project Cost	
Faculty Base Salary	
Salary requested from sponsor*	

* Minimum salary must be at least 12.5% (1/8 of nine-month salary)

DEPARTMENTAL APPROVAL

Chair Name:
Department:

Signature

Dean’s Office Review only

Preliminary Review (grant submission)

- Approved
- Denied

Assoc. Dr. Research Initials: _____
Assoc. Dean Fac Affairs Initials: _____

Final Approval (grant funded)

Grant Award dates _____
Course Release to be taken Year _____
 Semester _____
Multiple year request _____ Yes _____ No
Chair Approval: _____
Research Approval: _____
ADFA Approval: _____