

A. APPLICANT INFORMATION

## **COURSE BUYOUT REQUEST FORM**

Faculty member should complete sections A-D and then obtain their Department Head's approval/ signature in section E. After obtaining Dept. Head signature, send to CAS OOR. Please note: Notice of Award must be received prior to the start date of the term for which you anticipate buy-out.

Your Name:		
Your Email:	Teleph	one:
Department:		
B. FUNDING INFORMATION:	Grant funding	Other non-state fund
Name of Grant Funder / Fund:		
If Grant funding, provide: Submission	on deadline:	
Term of Grant (Start Date:	End Date: _	)
C. COURSE LOAD  What is your normal teaching load ( Which course(s) do you plan to buy Semester (Term, Year) / Course # 8	example 3/3)?out? List courses and provide	
D. APPLICANT SIGNATURE		Date:
E. DEPT. HEAD SIGNATURE		D. A.
Notes:		
To obtain Dean's Office Approval, email yo Chad Fogleman, CAS OOR Pre-Award Gr		
F. DEAN'S OFFICE APPROVAL (	DEAN'S OFFICE USE ONLY	)
Dean's Signature		Date: