



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.

A. APPLICANT INFORMATION

Your Name: _____

Your Email: _____ Telephone: _____

Department: _____

B. FUNDING INFORMATION:

Grant funding

Other non-state fund

Name of Grant Funder / Fund: _____

If Grant funding, provide: Submission deadline: _____

Term of Grant (Start Date: _____ *End Date:* _____)

Total Expected Award Amount: \$ _____

C. COURSE LOAD

What is your normal teaching load (example 3/3)? _____

Which course(s) do you plan to buyout? List courses and provide the following detail for each:

Semester (Term, Year) / Course # & Course Title / Credit Hours

D. APPLICANT SIGNATURE _____ Date: _____

E. DEPT. HEAD SIGNATURE _____ Date: _____

Notes:

To obtain Dean's Office Approval, email your application with D & E signatures plus any attachments to casresearch@uncg.edu.

F. DEAN'S OFFICE APPROVAL (DEAN'S OFFICE USE ONLY)

Dean's Signature _____ Date: _____

Revised February 2023