

Letters and Science Faculty Course Buy-Out Request

Name: _____ Department(s): _____

Quarter/Year requested: _____ Percentage of annual salary for release: _____

Number of Courses & IWC to be released: _____

Faculty member's current year teaching load (# of courses): _____

Department teaching requirement (e.g., 4 courses): _____

Grant Administration Unit or Department: _____

Contact name, number & email: _____

Name of grant/project to pay salary: _____

Account/Fund/Project # to pay salary: _____

Typical Teaching Assignment BEFORE Course Buy-Out Approval

Quarter/Year	Course Number/Name <i>(include cross-listed course information)</i>

Proposed Teaching Assignment AFTER Course Buy-Out Approval

Quarter/Year	Course Number/Name <i>(include cross-listed course information)</i>

Additional Comments:

Chair's Approval: _____

Date: _____

Assistant Dean's Approval: _____

Date: _____

Dean's Approval: _____

Date: _____

AVC Approval (if necessary): _____

Date: _____