

**Course Buyout Request Form**

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Printed Name and Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Department/College: \_\_\_\_\_ Signature: \_\_\_\_\_

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**GRANT INFORMATION:**

Name of Sponsor: \_\_\_\_\_

Term of the Grant (Start-End Date): \_\_\_\_\_ - \_\_\_\_\_

Total Anticipated/Awarded Amount: \$ \_\_\_\_\_

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Please list anticipated teaching load during award period; Check box indicating anticipated course for buyout:

\*Please check anticipated Term(s) for buyout:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

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Notes: *\*for use by Chair, Dean or VC only*

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Dean Academic Affairs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Director or Dean: \_\_\_\_\_ Date: \_\_\_\_\_

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\*Notice of Award must be received prior to the start date of term for which you anticipate buy-out