## **Faculty Course Buy-Out Request Form**

Faculty name:	
Department:	
Date of Request:  Proposed buy-outs must be brought to the attention of the department proposal is submitted or prior to the time any other type of contractual faculty member.	
Course Number/Name:	
Credit Hours:	
Semester/Year of Buy-Out:	
Funding Source:	
Justification:	
Consider the impact on the department's instructional program for the benefits of the buyout for the requesting faculty member related to a post tenure review. Assess past buy-outs by the faculty applicant if apscholarly value of the project. Additional backup can be submitted.	nnual review, promotion, and/or
Proposed alternate instructor and cost if known:  Consider whether quality replacement teaching is available and that is accommodated by the buy-out policy.	it is available at a rate that can be
Approvals:	
Department Head Signature	Date
Associate Dean for Academic Programs Signature	Date
Dean Signature	Date