

Course Buy Out Confirmation Form

Faculty of Arts & Social Sciences

Researcher _____ Release Year Summer Fall Winter
Department _____ 0.5 crs 1.0 crs 1.5 crs
Grant Number: _____

I certify that my instructional duties were bought out for the period and course load indicated above.

Signature, Researcher

Date

Replacement Information

Course(s) _____ Replacement Cost _____

I certify that the Faculty/Department has released the above mentioned researcher from his/her teaching duties for the specified amount of time.

Name, Chair/Director

Signature, Chair/Director

Date

Name, Dean

Signature, Dean

Date

Transfer Funding to: _____

FOR RESEARCH ACCOUNTING USE ONLY

| | |
|-------------------------|-----------------------------|
| Fund _____ | Available B/O Balance _____ |
| | B/O used this period _____ |
| Balance Remaining _____ | Journal Reference _____ |