

University of Massachusetts Dartmouth
Academic Affairs Division

Grant Course Release Form

This form should be filled out by all principal investigators who have a course release funded in their approved grant budget. The amounts and percentages listed below should reflect the approved budget. Any deviations should be discussed with Research Administration prior to submission. **Please fill out one form per semester per grant. Please note this form must be completed and forwarded to Research Administration at the beginning of each semester.**

This form is for the **Fall Semester** **Spring Semester**

Principal Investigator Name: _____ Department: _____

Title of Grant: _____

Agency: _____

Speed Type: # _____ Project Grant Number: S _____

% of Effort required by the grant or specified in your proposal: _____

Dollar value specified and approved in your award for Semester: \$ _____

Year and # of course release(s) for semester: _____

Principal Investigator Signature

Date

Speed type for Cost Savings to be transferred to: # _____
(Typically, if utilized, this will be the account in which the PTL's are paid from.)

Chair Signature

Date

Dean Signature

Date

Provost Signature

Date

Office of Research Administration/ Date Approved

Office of Research Administration/ Date Processed

Fiscal Services/ Date Processed