University of Massachusetts Dartmouth

**Academic Affairs Division**

**Grant** [**Course Buy-out**](http://www.umassd.edu/policies/activepolicylist/academicaffairs/policyoncoursebuy-outs/) **Form**

This form should be filled out by all faculty who have a course buy-out funded in an approved grant budget. **The cost of one course buy-out is 10% of the academic year base salary,** which represents 20% effort during the semester of the course buy-out. Any deviations of effort or cost should be discussed with Sponsored Projects Administration (SPA). Please note applicable fringe benefits will be charged.

**Please fill out one form per semester per grant & obtain the required signatures. Please note this form must be completed and forwarded to SPA prior to the beginning of each semester**.

**This form is for the**  **Fall Semester**  **Spring Semester Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Requesting Course Buy-out(s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Department: \_\_\_\_\_\_\_\_\_\_\_

Title of Grant:

Agency**:**

Speed type: # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Project Grant Number**:**

# of course buyout(s) for semester:  **\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Faculty Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Principal Investigator Name & Signature (if not the same) Date

College Course Buy-out Speed type for Cost Savings to be Transferred: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(After paying the replacement costs, the remaining balance will be distributed 50/50 between the Dean’s office & the department.)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Department Chair Signature Date

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Dean Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost Office Designee Signature Date

Course buy-out dollar amount (to be completed by SPA): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPA Signature Date approved (cc: Budget & Provost Office)