TO:                  Director’s Name, Director of Admin Services

FROM:             PI’s Name

DATE:              DATE

CC:                  Office Manager’s Name, Unit Grant Administrator’s Name

SUBJECT:     COURSE BUYOUY FOR TERM & YEAR

Per DCP Policy, I am requesting a course buyout for 1 course in the Department Name in TERM & YEAR. Funds to cover the 12.5% of my (9-Month) academic salary and fringe totaling $0000.000 are available from the following sponsored project(s): Project number and Title and amount (if applicable for each project). This will allow me to better meet my individual research obligations under the terms of the grant(s). If this request is approved, I will maintain all other normal service and graduate student advising commitments during the course buyout.

Please sign and date below to confirm your agreement.

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Dept. Head/Director’s Name DATE Director of Admin Services Name DATE