

Name

Course Release/ Buyout Request

Submit completed form to the Executive Associate Dean, carterjg@iu.edu

Email

am requesting a	course release course buyout	for the	fall spring	semester of
What course are you requesting a buyout/release for (if known)?				
To cover my compensation for this request, please use a course release granted as part of my initial employment or subsequent retention offer funds from my grant or research account number				
Approval Signatures				
Faculty Program Dire	ector Schedi	uling Officer		Contracts and Grants
Fiscal Officer	Execut	tive Associat	te Dean	
Date Submitt	ed Da	te Approved	I	

Releases/buyouts awarded ____ Releases/buyouts used ____ Final course load for this semester ____