



THE UNIVERSITY OF IOWA

Department of Physics & Astronomy

Course Buy-Out Request

Faculty Member Name: _____

Date: _____

Request for a change in teaching profile during academic year: (check one)

2018-2019

2019-2020

2020-2021

2021-2022

Semester (check one):

Fall

Spring

I am (check one):

requesting to buy out of teaching using research funds during selected semester

(fill in Project Title/Grant Program #): _____

requesting to double teach during selected semester

requesting to be released from teaching during selected semester and double teach during

(fill in semester): _____

applying for a CDA during selected semester

requesting to be released from teaching duties (other reason) during selected semester

requesting to teach an online course during selected semester

other - please describe: _____

Justification and Additional Comments:

If form is submitted less than a year from the requested semester teaching release, please indicated which course you are currently assigned to teaching during the selected semester:

Requester Signature: _____

Date: _____

DEO Signature: _____

Date: _____

EO Committee Signature: _____

Date: _____

Admin. Signature: _____

Date: _____