Department of Computer Science
University of Maryland
Teaching Buy-out Request Form

Prof. _____ **is requesting release time for** _____ **course (s)**
for the [_____] **semester, 20___ . The salary amount to be charged will be $_____**
and fringe benefits will also be charged to the following account (s):

_____ _____ _____ _____

FRS # **Amount** **PI Approval** **Acct. Mgr. Initials**

_____ _____ _____ _____

FRS # **Amount** **PI Approval** **Acct. Mgr. Initials**

_____ _____ _____ _____

FRS # **Amount** **PI Approval** **Acct. Mgr. Initials**

_____ **Signature of Faculty Member**

Approved:

_____ **Associate Chair for Undergraduate Education**

_____ **Department Chair**

Buy-out Submission Deadlines:

      For a Fall Buy-out   **March 1**

      For a Spring Buy-out   **October 1**

An exception to the above schedule must be approved by the Department Chair.