



Office of Sponsored Programs

SUPPLEMENTAL PROPOSAL PERMISSION FORM REQUEST FOR COURSE RELEASE

This form should be filled out by all faculty members who have a course release proposed in their approved grant budget. The amounts and percentages listed below should reflect the approved budget.

1 course release = 12.5% of academic year salary = 1.125 academic months

2 course release = 25% of academic year salary = 2.25 academic months

3 course release = 37.5% of academic year salary = 3.375 academic months

4 course release = 50% of academic year salary = 4.5 academic months

Faculty Requesting Course Release

Name: _____ Position: _____

Department: _____

Email Address: _____ Telephone Number: _____

Proposal Information

Project Title or Description: _____

Performance Dates Start: _____ End: _____

Course Release Commitments

Course Type ☐ Graduate ☐ Undergraduate

Semester ☐ Fall ☐ Spring Number of Years

COMMITMENT SIGNATURES

Title	Name	Signature	Date
Faculty Member			
Department Chair/Head			
Dean/Vice President			

REVIEWED AND APPROVED FOR THE UNIVERSITY OF THE DISTRICT OF COLUMBIA

Title	Name	Signature	Date
Director, Office of Sponsored Programs	Laura-Lee Davidson		
Vice President of Research	Victor R. McCrary		
Chief Academic Officer	Lawrence T. Potter, Jr.		