**Faculty Course Load Reduction Funding Request**

For Tri-Council (*NSERC, SSHRC, CIHR*) related applied research funded projects

**Faculty Information**

|  |  |
| --- | --- |
| Name |  |
| School / Department |  |
| Equivalent Course load |  |
| Inclusive dates |  |
| Project Grant / Program |  |

**Description/Explanation:** *(Provide brief information of the activities described in the approved research grant or program. Include course name information requiring the back-fill)*

|  |
| --- |
|  |

**Financial Information**

*(Should request be approved, AR&C Requires this information in order to transfer the funds)*

|  |  |
| --- | --- |
| Department Cost |  |
| Department Budget Code |  |
| Department Object Centre |  |

***For AR&C use:***

|  |  |
| --- | --- |
| Project Code |  |
| Grant Account Number |  |

**Signatures:**

*By signing the funding request form, you are agreeing to the terms and conditions of a Course Release (course load reduction) for the named Faculty member.*

Department Chair/Manager

Director, TAC

*Please note: Tri-Council may request to see supporting evidence on the teaching workload, such as:*

* *Original workload of Faculty member*
* *Workload of backfill instructor hired,*
* *Faculty member’s modified workload*

*AR&C strongly recommends these records be kept on hand for a minimum period of* ***7years. Lack of supporting evidence could result in reimbursement to the Grant Funder.***