

Application Form

Course Releases to Support Major Externally Funded Projects

When to use this form:

- To request in-kind course release(s) support for involvement in externally funded research projects that exceed \$250,000.
- Typically, this form is submitted by Principal Investigators (PIs), or, by Co-Investigators (CIs) when their part of the project funding exceeds \$250,000.
- This form does not relate to requests for teaching remissions per Article 3.25 of the MUNFA Collective Agreement or the use of course equivalencies (i.e. banked time) in relation to the [HSS Equivalencies Policy](#).
- Due to budget constraints, course release applications are carefully assessed by Heads and the Dean's Office. These assessments typically consider the following criteria in relation to the project:
 - o Significance or role of the faculty member to project objectives (e.g. PI) (Q. 1)
 - o The budget allocation from granting agency to applicant is a minimum of \$250,000 (Q. 2)
 - o The required responsibilities and tasks of the faculty member are critical to the grant's success (Q. 2)
 - o A strong fit with strategic research priorities of Memorial University (e.g. [Memorial's Strategic Research Themes](#), etc.) (Q. 2)
 - o Duration of the grant, typically a minimum of two years (Q. 2)

Who completes this form:

- HSS Applicants or Co-applicants *only*.
- HSS Approvers/Signatories for this form are Department Heads and the HSS Dean or Associate Deans.

Attachments:

- Current copies of the draft of the grant proposal (including description of your role, if you are not the PI), budget, budget justification (outlining funds to be transferred to Memorial), or correspondence from the PI outlining the same.

Submission procedure for this form:

- Course release applications should be submitted to Heads as early as possible ahead of any application deadlines (HSS, RGCS, external) and normally a minimum of 8 weeks ahead of the external agency's deadline.
- Submit the completed form to HSS Research Support Services by emailing the Grants Facilitator handling your file: Heather C. O'Brien (HSSResearchAdmin@mun.ca, 864-8603) or Matthew Milner (HSSResearchGrants@mun.ca, 864-8050).

1. Applicant

Name:

Department:

Telephone:

Email:

Project Role: Principal Investigator

Co-Applicant

If you are a Co-Applicant, provide the PI and their affiliation below:

Principal Investigator:

Memorial Department/Faculty or External Institution:

2. Proposed Project Details

Project Title:

Start Date (MM/YYYY):

End Date (MM/YYYY):

Funding Agency:

Grant/Program Name (please provide web link if available):

Total Amount Requested from Funding Agency:

If you are not the Principal Investigator, portion (in \$) to be transferred to Memorial/HSS:

*please ensure the attached budget and budget justification, or correspondence, clearly outline these amounts

Team Composition:

Role	Anticipated Number
Co-applicants:	
Collaborators:	
Trainees (RAs, Students, Postdocs):	
Partner institutions/organizations/etc.:	
Other (please list role[s]):	

Project Summary (max 100 words):

Link(s) between the project and Memorial's strategic research priorities (max 250 words):

In relation to this project, please outline your specific responsibilities (e.g. supervision of staff, RAs or students, budgetary responsibilities, event planning, etc.) for the requested course release semester(s) (max 250 words): *please ensure the attached proposal or correspondence clearly outlines your role and responsibilities

List current banked time balance:

Indicate how much of your current or upcoming banked time will be used towards this project:

Indicate how much of your current or upcoming banked time will be used towards other projects during the time frame of this request:

If no banked time will be used towards this project, please provide a rationale as to why not (max 50 words):

3. Course Release Request Details

Anticipated Timeframe & Context

	Year 1	Year 2	Year 3	Year 4	Year 5
Academic Year (e.g. 2019-20) and semester (e.g. F/W/S):					
# of Releases requested per year/ semester:					

4. Signatures

Applicant:

Date:

Department Head:

Date:

I confirm that this application signals departmental approval for the applicant to be released from the course(s) listed above. I understand that assessments of potential arrangements for replacement teaching (PCI or term appointments) will be addressed as part of the overall review of teaching plans in each relevant academic year.

5. HSS Dean's Office

Number of Releases Approved:

Comments or Conditions:

Dean's Office:

Date: