

ARKANSAS STATE UNIVERSITY
APPLICATION FOR RESEARCH & TECH TRANSFER
FACULTY REASSIGNMENT TIME
YEAR _____

College _____ Department _____ Applicant _____

Project Title: _____

Proposal synopsis: _____

Requesting: Fall buyout _____ Spring buyout _____

 Both Fall and Spring buyout _____

Principal Investigator/Applicant _____ *Date* _____

Department Chair/Director _____ *Date* _____

Dean/Administrator _____ *Date* _____