

Banked Credit Conversion Accounts will be administered following the guidelines for the use of research funds resulting from banked credits conversion.

**REQUEST FOR CONVERSION OF BANKED CREDITS
TO RESEARCH ACCOUNT-BANKED CREDIT CONVERSION ACCOUNT (BCCA)**

Section A: To be completed by Principal Investigator (PI)

Name of Principal Investigator	
Department	
<input type="checkbox"/> I already have a BCCA. BCCA Number: # _____	
<input type="checkbox"/> I do not have a BCCA and I am requesting its creation.	

Number of Banked Credits:	_____ credits
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I am requesting the conversion of the above Banked Credits to my Banked Credits Conversion Account (BCCA). I understand that an Equivalent Sum will be calculated by my Faculty at the rate stated in the CUFA Collective Agreement (where the value corresponds to 3 credits), and credited to my BCCA.

I confirm that the activities corresponding to the Banked Credits have been completed (i.e.: teaching has taken place).

Research must comply with all applicable laws, regulations, and guidelines, including:

- The [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#)
- The policy and guidelines of the funding/award agency
- The [Official Policies of Concordia University](#), including the *Policy for the Ethical Review of Researching Involving Participants, VPRGS-3*.

I have received the Chair's approval.

Signature (Principal Investigator)

Print Name: _____

Signature: _____

Date: _____

Please send the form to your Faculty Associate Dean of Faculty Relations/Affairs for completion of Section B.

Section B: To be completed by Associate Dean of Faculty Relations/Affairs or their delegate.

- I have attached the workload letter.
- I have validated that the activities corresponding to the Banked Credits have been completed.
- I will follow-up and adjust the workload letter accordingly.

Number of Banked Credits	Rate (as specified in CUFA Collective Agreement)	Amount to be credited to BCCA
	@ \$	\$

Signature (Associate Dean of Faculty Relations)

Print Name: _____

Signature: _____

Date: _____

Section C: To be completed by Faculty Financial Officer (FFO) and sent to office.of.research@concordia.ca

Faculty Cost Center: _____

Grant Start Date: _____

Grant End Date: _____

The BCCA will have a 5-year term with automatic renewals.

- I confirm that the amount of \$_____ should be debited from the above Cost Center and credited to the Principal Investigator's BCCA.
- I will contact the PI, Chair, and Associate Dean advising them that documentation has been sent to OOR.

Signature (Faculty Financial Officer)

Print Name: _____

Signature: _____