

## SPECIAL ONE-TIME CREDIT CONVERSION

Special One-Time Credit Conversion Accounts will be administered following the [One-Time One-Credit FAQ](#).

### Section A:

To be completed by Faculty Member or Librarian by May 15 of any academic year.

Name of Member	
Department	

Number of available credits: \_\_\_\_\_ credits

### SECTION I: For probationary and tenured only

I already have a BCCA.

BCCA Number: # \_\_\_\_\_

I am requesting the conversion of the above available credit to my Banked Credits Conversion Account (BCCA).

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*.

### SECTION 2: For ETAs only

I wish to convert the One Time Credit to pedagogical support funds. I authorize my FFO to fill out the [Internal Order Non-Grant Request](#) form on my behalf.

Signature (Faculty Member or Librarian)

Print Name:

Signature: \_\_\_\_\_

Date:

### Section B:

To be completed by Associate Dean for Faculty Affairs and Inclusion or their delegates.

I have validated that the full-time faculty member or librarian is eligible to convert the one-time credit indicated in Section A to research or pedagogical funds.

I will follow-up and adjust the notes field in the workload letter once the transfer has been completed.

Signature (Faculty Associate Dean)

Print Name:

Signature: \_\_\_\_\_

Date:

### Section C:

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

Number of available credits	Rate	Amount to be credited to the account
	@ \$	\$

Grant Start Date:

Grant End Date:

The account will have a 5-year term.

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: \_\_\_\_\_

Date: