

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.	

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
	@ \$	\$

Number of Banked Credits:

credits

- ☐ 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 (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:	