FRANK H. DOTTERWEICH COLLEGE OF ENGINEERING

REQUEST FOR BANKED HOURS
FRANK H. DOTTERWEICH COLLEGE OF ENGINEERING

Name: ____________________________________ SS# ________________________
Department: ___________________________________________________________

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Semester: Spring 20____ Fall 20____
Normal load = _______ sch’s
Banked load = _______ sch’s
Release Time= _______ sch’s

Total load for semester = _________ sch’s:

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Semester banked hours expected to be utilized: _______________________________

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Requested by: ______________________________________________
Faculty Signature     Date

Approved by: _______________________________________________
Department Chair     Date

Approved by: _______________________________________________
Dean      Date

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TO BE COMPLETED BY DEAN’S OFFICE

Semester Banked Hours Earned:       Spring 20____ Fall 20____
Semester Banked Hours Utilized:     Spring 20____ Fall 20____

Verified by: ________________________________________________
Signature    Title     Date