University of Coloado Boulder - College of Arts and Sciences Course Banking Request

Faculty Name:			
Department:			
Number of courses	in current AY teaching load:		
Reason for banking request / plan for unbanking:			
FALL		Year:	
Number of course(s)	requesting to bank during fall:		
Specific course(s):			
SPRING		Year:	
Number of course(s)	requesting to bank during spring:		
Specific course(s):			
research and service dunabnked must follow	eir teching assignments must remain on cuties. Any temporary leave from campus approval policy which can be found at /asfacultystaff/personnel-administration/policions.	druing the p	eriod that courses are
Facul	ty Member's Signaure	_	Date
I approve of this request and acknowledge that the department will not be requesting replacement teaching funding.			
Department Chair/Program Director Signature		_	Date
Institute Director Signature (if applicable)			Date
Graduate School De	ean's Signature (if applicable)	-	Date
Concurred:			
Associate Dean's S	ignature	- -	Date