HOFSTRA UNIVERSITY
UNIVERSITY BANKED HOURS

Academic Year _____

(CHECK ONE)

Name	Hofstra ID	Department	Banking Hours	Using Hours	Budget# (Org)	#Fall Hours	#Spring Hours	#SS___ Hours

Chairperson's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Provost's Signature: _____ Date: _____

This form is to be completed and returned to the Provost's Office.

(BANKEDHR.FRM 5/14/08)