

Course Fee Change Request

Department: _____ Date: _____

Subject: _____ Course Number: _____

Course Title: _____

Current Fee (Please check):

None	\$20 (4TL7)	\$25 (4TL9)	\$35 (4TL1)	\$50 (4TL2)	\$65 (4TL3)	\$85 (4TL8)	\$100 (4T13)	\$200 (4TLO)	\$300 (4T12)

Proposed Fee (Please check):

None	\$20 (4TL7)	\$25 (4TL9)	\$35 (4TL1)	\$50 (4TL2)	\$65 (4TL3)	\$85 (4TL8)	\$100 (4T13)	\$200 (4TLO)	\$300 (4T12)

Estimate of Annual Revenue: _____

Rationale/Purpose/Use: *Please indicate specific materials/expenses that will be covered by this fee. If this is not a new expense, indicate why current levels are not adequate or are excessive in case of reduction (if additional space is needed, please attach).*

Other Comments:

Chair Signature/Date

Dean Signature/Date Approved Yes No

Provost Signature/Date Approved Yes No

Budget Office ONLY - Semester/Year change will go into effect: _____

Undergrad Courses Only - Date submitted to ODHE: _____ Date approved by ODHE: _____

Registrar's Office ONLY

Date Entered into SCACRSE in Banner: _____ Date Future Terms Updated in Banner: _____

Completed by: _____ Date: _____ Date Reviewed by Coordinator, Registrar: _____