COURSE FEE REQUEST FORM | AY _____

This form is to be used to request new or change course fees.
To be considered for the ____ academic year, fee requests must be submitted to _____ , Associate Dean by _____. Please submit original paper copies to the Dean's office.
In addition to the paper copy, please forward electronic copies to:

- _____with a copy to _____
- **SUBJECT:** Proposed FALL _____ Course Fee

Check one: New fee: ☐ Change to existing fee: ☐ Withdraw Fee: ☐

Current fee: $ _____

New Fee: _____ $ _____
Effective Term

Subject – course number fee should be attached to: _____ - _____ _____
Subject Area Catalog # Course ID

-or-

Other method to charge—e.g. plan, program, student group: _____

List any additional course(s) to be charged: _____

Please attach a brief impact statement addressing all of the following for the proposed new or revised fee:

1. **Describe how the fee will be assessed—e.g. all students, students in a specific unit/program/major.**
2. **Provide a 5-year history of all fees assessed within the academic program/major of the proposed new or revised program/course fee. If this is a new fee please provide a brief statement of course objectives.**
3. **Specify how many students the proposed program/course fee will affect by student classification—i.e. undergraduate, graduate, or professional—and by student level—e.g. freshmen, juniors, etc.**
   Please describe the direct benefit to students in terms of enhancing or enriching the student learning experience. Provide a budget that details the expected annual revenue from the fee and the expenses that the fee will cover. If this is a current fee, please include how the current revenue is being utilized.
4. **If the fee is not approved what would be the expected impact on students, and what alternative means to the proposed fee have been explored for achieving the desired outcome.**

Attach additional documentation as needed.

Peoplesoft Chartfield Information: _____

Unit Budget Analyst: _____ Ext: _____

Department: _____ Telephone: _____

Dept. Contact: _____ Email: _____

Dept Chair signature: _____

Dean Signature: _____

AVP Accounting: _____

For Fee Withdrawal Only Department Chair and Dean Signature Required

To be completed , if approved by Fee Committee:

Date of Committee action: _____

Signature: _____ Date: _____