

SPECIAL INSTRUCTION FEE REQUEST

To: Executive Vice President for Finance and Administration Date: _____

Name of Department: _____

Course/Section Number(s):

Amount to be collected from each student: \$ _____

Indicate by checking (✓) the appropriate block if this charge (amount) is per credit hour or a flat rate charge.

- This is per credit hour.
- This is a flat rate charge.

Please PRINT or TYPE the fee description to be printed on the student's billing (30 character limit).

Effective Semester(s): _____

Please check (✓) the appropriate block below:

- This is for the above indicated semester(s) only.
- This is to continue until rescinded, beginning with the above semester, for all semesters or summer terms.
- This is to continue until rescinded, beginning with the above semester for _____ sessions only. Please check (✓) the appropriate block for the semester(s) or term(s):

Fall Spring 1st Summer 2nd Summer

Provide a short narrative stating the purpose of the special fee or nature of special activity. (Attach additional page(s) as necessary.)

SPECIAL INSTRUCTION FEE REQUEST, Continued:

BUDGET INFORMATION

A. Individual who will manage budget (please PRINT or TYPE):

_____ Last Name _____ First Name _____ MI

Official Phone Number () _____ - _____

B. Banner FOP:

_____ Fund _____ Orgn _____ Program _____ Account
(assigned by Student Business Services)

(If this is a new account, attach a copy of the Budget Revision and New Fund Request Forms.)

C. Budget Estimate: \$ _____ per year
\$ _____ per semester

Revenue Estimate:

_____ Number of Students x \$ _____ (fee) = \$ _____

Expenditures (estimated):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL \$ _____

Chairperson

President

Dean

Executive Vice President for
Finance and Administration

Submit Fee Request to:
Student Business Services
Attn: Director
STOP 6288