SPECIAL INSTRUCTION FEE REQUEST

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

Name of Department: ___________________________________________

Course/Section Number(s):

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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- [ ] This is to continue until rescinded, beginning with the above semester, for all semesters or summer terms.
- [ ] This is to continue until rescinded, beginning with the above semester for ________________ sessions only.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