

SPECIAL COURSE FEE – NEW, CHANGE or CANCEL REQUEST

Office Use Only: Committee Received _____ Committee Approved _____ BOG Approved _____ VPDUA _____

All requests must be submitted to the Office of the Provost and Executive Vice President by February 1.

Select one:

New Fee

Change in Existing Fee

Cancel Fee

Course Offered: Fall Spring Summer **CSU Online Course:** **Course Dual Listed:**

Academic Department _____ **Department Number** _____

Responsible Person _____ **Effective Semester** Fall

Accounting Contact _____ **Phone Number** _____

Course Number _____ **Course Title** _____
(as worded in the General Catalog)

Account Title _____
(as worded in Kual)

Course Credits _____ **Annual Enrollment** _____ **Account Number** _____

CURRENT Fee \$ _____ \$ _____ **REQUESTED Fee** \$ _____ \$ _____
Low High Low High

Estimated Total Annual Revenue (must exceed \$200) \$ _____ \$ _____ **Override Fee**
Low High

Type and Amount of Fee Requested (this section must be completed manually)

Type A/B	\$ _____	\$ _____	per student	OR	\$ _____	\$ _____	per credit
Type C	\$ _____	\$ _____	per student	OR	\$ _____	\$ _____	per credit
Type D	\$ _____	\$ _____	per student	OR	\$ _____	\$ _____	per credit
TOTAL	\$ _____	\$ _____	per student	OR	\$ _____	\$ _____	per credit
	<i>Low</i>	<i>High</i>			<i>Low</i>	<i>High</i>	

If the Amount of Fee Requested is less than the Estimated Fee per Student (Page 3), please explain the difference on Page 2.

Select: Fixed Fee Variable Fee **Select:** Refundable *Non-Refundable
**If Non-Refundable, supply justification on page 2.*

Classification of Expense using Object Codes (this section will populate from page 3)

	Current Fee (if applicable)		New Fee	
Travel (6000-6199)	\$ _____	\$ _____	\$ _____	\$ _____
Services (6601-6699)	\$ _____	\$ _____	\$ _____	\$ _____
Supplies (6200-6299)	\$ _____	\$ _____	\$ _____	\$ _____
Equipment (8100-8999)	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____
	<i>Low</i>	<i>High</i>	<i>Low</i>	<i>High</i>

Enter request justification on page 2 and expense details on page 3.

Reason for cancellation:

Required Signatures – If Request is a dual listing, signatures from both Departments and Colleges are required. If the dual listed course is in the same Department and/or College, sign twice. Check if you will submit via Adobe Sign or DocuSign:

Department Head/Chair Date

College Dean Date

Department Head/Chair (only if a dual listing) Date

College Dean (only if a dual listing) Date

Course Description (*Refer to the General Catalog*)

Detailed Special Course Fee Request Justification (*Refer to the SCF Manual*)

Please provide information on the purpose of the course fee and how the expenses will be used for and by students within the course. If this a Change Request, please also provide an explanation for the increase/decrease, if any, in expenses, annual enrollment, and/or estimated fee per student. Use a separate Word document, if additional space is needed.

If the Requested Fee is less than the Estimated Fee per Student (Page 3), please explain the reason for the department intentionally charging less than the anticipated amount. Please explain how the department will cover excess expenses.

If you selected "Non-Refundable" on page 1, provide specific justification.

