

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 per Student \$ _____ **REQUESTED Fee per Student** \$ _____

Estimated Total Annual Revenue (must exceed \$200) \$ _____ **Override Fee per Student**

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

Type A/B	\$ _____ per student	OR	\$ _____ per credit	Type A/B
Type C	\$ _____ per student	OR	\$ _____ per credit	Type C
Type D	\$ _____ per student	OR	\$ _____ per credit	Type D
TOTAL	\$ _____ per student	OR	\$ _____ per credit	TOTAL

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)

	<u>Current Fee</u> <small>(if applicable)</small>	<u>New Fee</u>	Enter request justification on page 2 and expense details on page 3.
Travel (6000-6199)	\$ _____	\$ _____	
Services (6601-6699)	\$ _____	\$ _____	
Supplies (6200-6299)	\$ _____	\$ _____	
Equipment (8100-8999)	\$ _____	\$ _____	
Total	\$ _____	\$ _____	

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.

