

## **Course Fee Request Form**

**University of North Texas Health Science Center** 

Office of Student Finance, SSC 150 3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-2026/ Fax (817) 735-0677 StudentFin@unthsc.edu

Please send completed form to the Office of Student Finance, SSC 150

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Course	Intorn	19tinn
Course		IALIVII

Program	THAUOH		Subject (e.g. BIO	OS) Course Nu	mber ( <i>e.g.</i> 5300)	
Tiogram			Subject (e.g. DIO	Course Nu	iniber (c.g. 5500)	
C TP*/1				C	(000271)4	
Course Title				Course ID	(e.g. 090361)*	
Change	= 2 2	Effecti	ve Date or Term	Course Fe	e Amount	
☐ Add New Fee☐ Reduce Fee	☐ Remove Fee ☐ Increase Fee					
Fee Informa		<u> </u>		I		
Description of services provided by this Fee: List Applicable TEC						
Costs to be Incurred:						
<b>Estimate dolla</b>	rs to be spent ir	each category	(e.g. handouts -\$435	, wages \$3,200, benef	its \$501).	
<b>Estimated E</b>		C		Fee Amount	D. C.	
Fall Enrollment	Spring Enrollment	Summer Enrollment	Total Enrollment	Fee Amount Requested	Estimated Total Revenue	
Emonnent	Emonnent	Emonnent	Emonnent	Requesteu	Total Revenue	
Approvals						
Dean/School Date						
Provost				Date		
1101001						
Budget Office						
Č				Date		
Student Finance				Date		
*Please contact (817) 735-2026 for assistance in completing this form.						
					For Office Use Only	
			Entere	ed by Date	Entered	