

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

Entered by _____ Date Entered _____

Course Fee Request Form

Please send completed form to the Office of Student Finance, SSC 150 Course Information							
Program			Subject (e.g. BI	(OS)	Course Number (e.g. 5300)		
				<i>52)</i>	000110011	(0.8, 0000)	
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Course Title					Course ID (e.g. 090361)*		
Change		Effecti	Effective Date or Term			Course Fee Amount	
☐ Add New Fee	☐ Remove Fee						
□ Reduce Fee	☐ Increase Fee						
Fee Information							
Description of services provided by this Fee: Lis					st Applicable TEC		
Costs to be Incurred:							
Estimate dollars to be spent in each category (e.g. handouts -\$435, wages \$3,200, benefits \$501).							
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Estimated Enrollment					Fee Amount		
Fall	Spring	Summer	Total		Amount Estimated		
Enrollment	Enrollment		Enrollment		uested	Total Revenue	
Approvals							
Dean/Caller 1					Date		
Dean/School							
Provost					Date		
Budget Office							
Budget Office		Date					
Student Finance					Date		
*Dlease cont	act (217) 725	2026 for assis	tance in complet	tina thia	form		
- TEUSE COIIL	act (01/) /33-	2020 jui ussis	tance in complet	ing tills	, , , , , , , , , , , , , , , , , , , ,	For Office Use Only	