

**Course Fee Request Form**

*Please send completed form to the Office of Student Affairs, SSC 240*

**Course Information**

Program	Subject (e.g. BIOS)	Course Number (e.g. 5300)
Course Title		Course ID (e.g. 090361)*
Change	Effective Date or Semester	Prior Course Fee
<input type="checkbox"/> Add New Fee <input type="checkbox"/> Remove Fee <input type="checkbox"/> Reduce Fee <input type="checkbox"/> Increase Fee		

**Fee Information**

Description of services Provided by this Fee:
Costs to be Incurred:
Estimate dollars to be spent in each category (e.g. handouts -\$435, wages \$3,200, benefits \$501).

**Estimated Enrollment**

Fall Enrollment	Spring Enrollment	Summer Enrollment	Total Enrollment

**Fee Amount**

Fee Amount Requested	Estimated Total Revenue

Form Completed By	Date	Phone Number

**Signature Approvals**

Dean	Date
Executive VP for Academic Affairs	Date

**\*Please contact (817) 735-2201 for assistance in completing this form.**

For Office Use Only

Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_