

University of North Texas Health Science Center Office of the Registrar, EAD 244

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Incidental Fee Review Form

Fee Title		Fee Amount	DeptID	Date Reviewed
- 07				
Purpose of Fee				
E D '4'				
Fee Description				
Fee Still Needed?	Fee Appropriate?	Change Requ	ired? Cor	sent Required?
□ Yes	□ Yes	□ Yes	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Zes
□ No	□ No	□ No		lo .
Semester	Frequency	Course Fee	Dat	e of Next Review
□ Fall	□ Every Year	□ Yes		
□ Spring	□ Every Odd Year	□ No		
□ Summer	□ Every Even Year	Please fill out and attach the		
		Course Fee Reque delete, decrease, o		
Reviewed By:				
·				
DeptID Holder Signature Date				
Deptild Holder	Sign	ature		Date
Dean, School (if applicable) Signa		ature		Date
	~-			D :
Provost	Sign	ature		Date

Effective: 11-1-14