

# **SPECIAL FEES REQUEST FORM**

Division/Department:

Date:

Contact Person:

Ext:

Course ID:

# of Students :

Course Title:

**Deadline for submission of this form is 3 weeks before start of Advanced Registration for the Effective Term.**

## **Current Fee / FOAP**

|            |      |      |                 |
|------------|------|------|-----------------|
| Amount: \$ | FOAP | Flat | Per Credit Hour |
| Amount: \$ | FOAP | Flat | Per Credit Hour |
| Amount: \$ | FOAP | Flat | Per Credit Hour |

TOTAL FEE \$

Established Date:

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## **Proposed Fee / FOAP**

|            |      |      |                 |
|------------|------|------|-----------------|
| Amount: \$ | FOAP | Flat | Per Credit Hour |
| Amount: \$ | FOAP | Flat | Per Credit Hour |
| Amount: \$ | FOAP | Flat | Per Credit Hour |

TOTAL FEE \$

Effective Term:

Rationale:

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## **SIGNATURES:**

\_\_\_\_\_  
Division/Department Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost and Executive Vice President

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date

Distribution after final approval  
Original to: Academic and Student Affairs  
Copy to: Division/Department  
Copy to: Budget Office  
Copy to: Banner Student System Coordinator

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