Missouri Western State University Request to Initiate New or Increase Existing Course Fee

Department/Unit: Contact Person:			
Phone: Email:			
Course Title:			
Term of Proposed Implementation*			Per Credit Hour Fee _ Acct Org PR
*Coordinate with the Registrar's Office on due dates for of the next academic year. For adjustments to existing co Basis of the fee(s): How was the fee determined	urses, the fee mu	ed? Include a detailed estimate of	of revenue and expense.
Are there other funds supporting this activity/fun	nction? If yes,	please list them:	
If an existing fee: Describe the origin of the fee utilized for a specific purpose? (Attach documen	tation.)	· · · · · · · · · · · · · · · · · · ·	
How often is the fee adjusted?		When was it last a	djusted?
	Recommende	ed for Approval	
Department Chair's Signature:			_ Date:
Department Chairs should submit the completed		to the appropriate academic dear	n for approval. Copies go to the
VPFPA, Bursar and Registrar for informational I			ъ.
Dean's Signature:			_ Date:
Provost and Vice President of Academic Affairs:			Date:
Provost's office will send approved forms to the	VPFPA, Burs	ar and Registrar for implementa	tion.
		0.00	
Course fee changes must be sent to the Registra Note that all student course fees shall be assesse	r to develop a	·	
Copies to: Contact Person, Department Chair, De Registrar	an, Provost an	d VPAA, VPFPA, Bursar, Accor	unting, Admissions, and
Sat un Camplata			
Set up Complete	D-4-	Accounting Supervisor	Date