

PROPOSED SPECIAL FEES

College: _____ Department: _____

Dept. Code/Course ID: _____

Course Title: _____

Will course be taught via Distance Education? Yes No

If cross-listed course, list Dept. Code/Course ID: _____

Is lab required? Yes No Current Fee: \$ _____

PROPOSED ACADEMIC YEAR LAB REVENUES

(Provide only costs & expenses to be funded by special fees)

Academic year enrollments:

Number of sections (A) _____

Enrollment per section (B) _____

Academic year enrollment (AxB) _____

Proposed Special Fee per Person (C) _____

Estimated Revenue ([AxB]xC) _____

PROPOSED ACADEMIC YEAR LAB OPERATING EXPENSES

Small Equipment _____

Transferred to Student or Replaced Annually _____

Annual Rental or Lease Costs _____

Supplies Consumed in Lab _____

Specialized Software Costs (including licenses/upgrades) _____

Van Rental and Gas for Student field trips _____

TOTAL Lab Operating Expenses _____

EXCESS FEES (cost above collected fee) _____

JUSTIFICATION

Attach additional information and descriptions if needed.

Approved by: _____

Signature of College Dean or Department Chair