

University of North Texas Health Science Center Office of the Registrar, SSC 240

3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-2201 / Fax (817) 735-0448 registrar@unthsc.edu

Please send completed form to the Office of the Registrar, SSC 240

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Course	inforn	nation

Program Program			Subject (e.	σ RIO	S) Con	rse Nu	mber (e.g. 5300)		
Trogram			Subject (e.		Cou	isc Mul	(c.g. 3300)		
Course Title					Cou	rse ID	(e.g. 090361)*		
Change		Effecti	ve Date or	Semest	er Prio	r Cour	se Fee		
☐ Add New Fee	□ Remove Fee								
☐ Reduce Fee	☐ Increase Fee								
Fee Information									
Description of services Provided by this Fee:									
Costs to be I	ncurred:								
Estimate dolla	rs to be spent in	each category	(e.g. handou	ts -\$435,	wages \$3,20	0, benef	its \$501).		
Estimated E	nrollment				Fee Amou	ınt			
Fall	Spring	Summer	nmer Total		Fee Amou		int Estimated		
Enrollment	Enrollment	Enrollment	Enrollme	ent	Requeste	d	Total Revenue		
Form Comp	leted By			Date		Phone	Number		
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Signature A	pprovals								
Dean						Date			
Executive VP for	r Academic Affair	rs				Date			
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*Places contact (917) 725 2201 for registance in consulation this form									
*Please contact (817) 735-2201 for assistance in completing this form. For Office Use Only									
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