

## **Course Fee Request Form**

## University of North Texas Health Science Center Office of Enrollment Services, SSC 241

3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-5195 / Fax (817) 735-0448 Katie.Fester@unthsc.edu

Please send completed form to the Office of Student Affairs, SSC 241

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Program			Subject (e.g. B		Cou	Course Number (e.g. 5300)			
Course Title				Con	rse ID	(e.g. 090361)*			
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-				~			_		
Change		Effecti	ve Date or S	Semeste	er Prio	r Cour	se Fee		
☐ Add New Fee	☐ Remove Fee								
☐ Reduce Fee	☐ Increase Fee								
Fee Informa									
Description of services Provided by this Fee:									
Costs to be Incurred:									
		n each category	(e.g. handout	s -\$435	wages \$3.20	0, benef	its \$501).		
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Estimated Enrollment				Fee Amount					
Fall	Spring	Summer	Total		Fee Amount Estin		Estimated		
Enrollment	Enrollment	Enrollment	Enrollme	ent	Requested	d	<b>Total Revenue</b>		
Form Comp	leted By			Date		Phone	Number		
						<u> </u>			
Signature A	pprovals								
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Executive VP for	r Academic Affair	rs .				Date			
*Please contact (817) 735-5195 for assistance in completing this form.									
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