

Course Fee Request Form

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

Course Information

Program	Subject (e.g. BIOS)	Course Number (e.g. 5300)
Course Title		Course ID (e.g. 090361)*
Change	Effective Date or Semester	Prior Course Fee
<input type="checkbox"/> Add New Fee <input type="checkbox"/> Remove Fee <input type="checkbox"/> Reduce Fee <input type="checkbox"/> Increase Fee		

Fee Information

Description of services Provided by this Fee:
Costs to be Incurred: Estimate dollars to be spent in each category (e.g. handouts -\$435, wages \$3,200, benefits \$501).

Estimated Enrollment

Fall Enrollment	Spring Enrollment	Summer Enrollment	Total Enrollment

Fee Amount

Fee Amount Requested	Estimated Total Revenue

Form Completed By	Date	Phone Number

Signature Approvals

Dean	Date
Executive VP for Academic Affairs	Date

****Please contact (817) 735-2201 for assistance in completing this form.***

For Office Use Only

Entered by _____ Date Entered _____