

Course Fee Request Form*Please send completed form to the Office of Student Affairs, EAD 235***Course Information**

Program	Subject (e.g. BIOS)	Course Number (e.g. 5300)
Course Title		Course ID (e.g. 090361)*
Change		Effective Date or Semester
<input type="checkbox"/> Add New Fee <input type="checkbox"/> Reduce Fee <input type="checkbox"/> Increase Fee <input type="checkbox"/> Remove 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_____
DeanDate_____
Executive VP for Academic AffairsDate_____
PresidentDate****Please contact (817) 735-5195 for assistance in completing this form.*****For Office Use Only**

Entered by _____ Date Entered _____