

Course Fee Request Form

University of North Texas Health Science Center Office of Enrollment Services, EAD 235

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, EAD 235

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	COULSC.		

Course Information									
Program			Subject (e.	g. BIO	S) Cou	Course Number (e.g. 5300)			
Course Title				Corre	MGO ID	(a a 000261)*			
Course Title				Coul	rse ID ((e.g. 090361)*			
Change			Effe	Effective Date or Semester					
☐ Add New Fe	se Fee □	Remov	e Fee						
Fee Information Description of services Provided by this Fee:									
Description	or services Pr	ovided by this	s ree:						
Costs to be Incurred:									
Estimate dolla	rs to be spent in	each category	(e.g. handout	s -\$435,	wages \$3,20	0, benef	its \$501).		
Estimated Enrollment					Fee Amount				
Fall	Spring	Summer	Total		Fee Amou				
Enrollment	Enrollment	Enrollment	Enrollme	ent	Requested		Total Revenue		
					•				
Form Completed By				Date		Phone Number			
	V								
Signature A	pprovals								
8 1									
Dean			Date						
Executive VP for				Date					
President						Date			
*Please contact (817) 735-5195 for assistance in completing this form.									
For Office Use Only									
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				Entere	d by	Date I	Entered		