

SPECIAL FEES REQUEST FORM



Div/Dept: _____

Date: _____

Contact Person: _____

Ext: _____

Course ID: _____

Course Title: _____

of Students Annually: _____

Deadline for submission of this form is 3 weeks before start of Advanced Registration for the Effective Term.

Current Fee/FOAP:

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

\$ _____ TOTAL FEE

Established Date: _____

Proposed Fee/FOAP:

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

Amount: \$ _____ FOAP: _____ Type (flat or hourly): _____

\$ _____ TOTAL FEE

Effective Term: _____

Rationale: _____

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SIGNATURES REQUIRED:

Division/Department Chair - Date

Vice/Associate Vice President - Date

President - Date

(Return to OISS after President's signature)

Distribution after final approval:

Original to: OISS File Copies to: 1. Originating Dept.; 2. Enrollment Services