

Special Non-Course Fee Request



Division/Department: _____

Date: _____

Individual Initiating Fee Request: _____

Extension Number: _____

Current Fee: _____ **Current FOAP:** _____

Number of Students Annually: _____

Proposed Fee: _____ **FOAP:** _____

Effective Date: _____

Rationale: :

Administrator: _____

Date: _____

Vice President: _____

Date: _____

President: _____

Date: _____

PLEASE RETURN TO:

Office of Instruction and Student Services

Copies To:

Originating Department
Enrollment Services/Systems Coordinator
Director of Counseling