Course Fee Request Form

1. Department:				
2. Fund: Org	Acco	unt:	Program:	
3. Course Prefix, Number, and Title:				
4. Course Description (as listed in ca	talog)			
5. Fee is: New Revision	D	eletion		
6. Amount per student (round to ne	arest dollar):			
7. If it is a change to an existing fee	what is the curre	ent amount being	charged?	
8. Preferred Effective Enrollment Pe	riod (Semester a	ınd Year):		
9. Justification/Rationale for Course	Fee Amount:			
 Provide a detailed justification/ra how the charges were determined page if needed. 				•
11. Are the items requested to be use If yes, please explain: 12. Student enrollment for the last 3 1. Semester Y	offerings: earEı	nrollment		s? Yes No
	ear Enrollment ear Enrollment			
provals				
1. School/Department Chair	Date MM/DD/YYYY	4. Provost & VP	for Academic Affairs	Date MM/DD/YYYY
2. College Dean	Date MM/DD/YYYY	5. VP for Finance	e & Operations	Date MM/DD/YYYY
3. Course Fees Committee (VPAPS)	Date MM/DD/YYYY	6. UCM Board o	f Governors (VPAPS)	Date MM/DD/YYYY
FO	R COURSE FEES (COMMITTEE USE	ONLY	
Transportation	Materials Based on Equal Consumption			
Materials Based on Usage		Fees for Conferences/Events Registration		
Detail Code		CIAL SERVICES US	E ONLY ams@ucmo.edu, WDE	1022