Missouri Western State University
Request to Initiate New or Increase Existing Course Fee

_____ Proposed New Course Fee  _____ Proposed Change in Existing Course Fee

Please complete a separate proposal for each fee (or set of fees) being proposed by your unit/department.

Department/Unit: __________________________ Name of Fee: __________________________

Contact Person: ___________________________ Purpose of Fee: __________________________

Phone: ___________________________ Email: __________________________

Course Title: ___________________________ Amount of Fee: ___________________________

Term of Proposed Implementation* ___________________________ Check either Flat Fee_____ Per Credit Hour Fee_____ Revenue to: Fund_____ Acct_____ Org_____ PR_____

*Coordinate with the Registrar’s Office on due dates for activation. For new courses the fee must be approved by July 1 to begin in the Fall semester of the next academic year. For adjustments to existing courses, the fee must be approved by November 1st to begin in the next Fall semester.

Basis of the fee(s): How was the fee determined and calculated? Include a detailed estimate of revenue and expense.
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Are there other funds supporting this activity/function? If yes, please list them: __________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

If an existing fee: Describe the origin of the fee. When was it started and by whom? Are funds generated by the existing fee utilized for a specific purpose? (Attach documentation.)
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

How often is the fee adjusted? ___________________________ When was it last adjusted? ___________________________

What process is used to adjust the fee? ___________________________
________________________________________________________________________________________________________________________________________________________

Recommended for Approval

Department Chair’s Signature: ___________________________ Date: __________________________
Department Chairs should submit the completed request form to the appropriate academic dean for approval. Copies go to the VPFPA, Bursar and Registrar for informational purposes.

Dean’s Signature: ___________________________ Date: __________________________

Provost and Vice President of Academic Affairs: ___________________________ Date: __________________________
Provost’s office will send approved forms to the VPFPA, Bursar and Registrar for implementation.

For Use by Business Office

Course fee changes must be sent to the Registrar to develop appropriate information and timing for implementation of the fee. Note that all student course fees shall be assessed by the Registrar’s Office and collected by the Bursar.

Copies to: Contact Person, Department Chair, Dean, Provost and VPAA, VPFPA, Bursar, Accounting, Admissions, and Registrar
________________________________________________________________________________________________________________________________________________________

Set up Complete

Bursar Date Accounting Supervisor Date

Heider 3-12-10