

**SPECIAL COURSE FEE OR SPECIAL COURSE FEE INCREASE
APPROVAL FORM**Be sure to review the Regent's [policy](#) including the [appendix](#) before submitting your request.

(Please Type)

Course Title:		Subject/Discipline:	
Catalog No.:		Check one: <input type="checkbox"/> Lab <input type="checkbox"/> Lecture <input type="checkbox"/> Discussion	
No. of Credits:	Course ID No.:	Session:	Item Type No.: (Finan. Serv. office will complete.)
Check all Campus Locations that Apply <input type="checkbox"/> Oshkosh(main) <input type="checkbox"/> Fox Valley <input type="checkbox"/> Fond du Lac		Total Special Course Fee Amount: (Round to nearest dollar.) Indicate if a flat fee or per credit. \$	
<u>Dept./Org. No. in Which Fee is to be Deposited:</u> <i>(Use program revenue accounts only; include Fund and Program. For example: aaa-bbccdde where a=Fund; b=Division; c=Dept.; d=Sub-Dept.; e=Program)</i>		Type of Request: <input type="checkbox"/> New fee <input type="checkbox"/> Decrease fee <input type="checkbox"/> Increased fee	
Reason for special course fee or fee increase; be specific, providing rationale, history of fees (if applicable), and amount(s):			
Please attach a budget that includes the anticipated revenue based on the estimated number of students and the expenses either on a per term or per academic year basis.			
Department and Staff Member Completing the Form:			

APPROVAL SIGNATURES:

Instructor Submitting Request: _____

Date: _____

Dept. Chair: _____

Date: _____

College Dean: _____

Date: _____

Controller: _____

Date: _____

Provost & Vice Chancellor for Academic Affairs: _____

Date: _____