|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved Course Fees | | | | |
| Academic Year: | |  | | |
| Department: | |  | | |
| College: | |  | | |
| I have reviewed the approved course fees for my department for Academic year as stated and confirm they are appropriate as outlined in policy 3.8. | | | | |
| Approved | | | | |
| Unit Head: |  | | Date: |  |
| Dean: |  | | Date: |  |

*Submit with course fee changes to* [*brewersj@sfasu.edu*](mailto:brewersj@sfasu.edu) *by November 5, 2018*