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| --- |
| 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* *by November 5, 2018*