LABORATORY/COURSE FEE REQUEST FORM
Stephen F. Austin State University

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COLLEGE |  |  | DATE |  |
|  |  |  |  |  |
| DEPARTMENT |  |  | COURSE NUMBER |  |
|  |  |  |  |  |
| COURSE TITLE |  |  | COURSE FEE FOP |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FEES |  | PRESENT |  | PROPOSED |
| **Incidental Course Fee**actual cost of materials, supplies and/or services as a result of a direct educational benefit in the classroom  |  |  |  |  |
|  |  |  |  |  |
| **Laboratory Fee**Increments of $10 (min), $20, $30 (max)Must cover actual cost of lab supplies & materials used per student |  |  |  |  |

**Justification/Rationale** (Provide information detailing the disposition of funds to be generated by these fees and why the fees are essential to the class)

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| Approval of Fees (Sign & Date)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Department Chair |  | Date |  | Dean |  | Date |
|  |  |  |  |  |  |  |
| Associate Provost/VPAA  |  | Date |  |  |  |  |