DCB Course Fee Request Form

Prefix/Number/Title of Course:
Semester(s) course is offered:
Method(s) of delivery (check all that apply to this course fee) _____ Traditional, on-campus _____ IVN _____ Online
Check one of the following: _____ New course fee Proposed amount _____ _____ Change to existing course fee; Previous amount _____; proposed amount _____ _____ Deletion of existing course fee
Semester and Year course fee change will be implemented:
Rationale for request: (include the intended use of the revenue and how the students will benefit)   Estimated revenue per academic year: $_____

_____

Name of person completing form Date

_____

Department Chair Date

Submit this form to the Associate Dean for Academic Affairs.

_____

Action: _____ Approved
_____ Not approved

_____

Associated Dean for Academic Affairs Date

_____

Campus Dean Date