

ABILENE CHRISTIAN UNIVERSITY

REQUEST TO ADD OR CHANGE COURSE FEES

Course fees or changes to existing course fees must be approved and published in the ACU Catalog for the following year in order for them to be assessed on a student's account. Course fees which are not processed by February 1st will not be included in the fall catalog.

Request Date \_\_\_\_\_ Amount of Fee \_\_\_\_\_

Department Making Request \_\_\_\_\_ Contact Person \_\_\_\_\_

Check the appropriate fee category below: Semester(s) applicable: F \_\_, Spr \_\_, May \_\_, Sum \_\_

\_\_\_ Fee is the same for every section and every student. Semester and year for fee to begin \_\_\_\_\_

\_\_\_ Fee applies to certain sections only.

This request applies to the following course:

Course Number/Section \_\_\_\_\_ Course Title \_\_\_\_\_ FOAP \_\_\_\_\_

State the justification for your request below. You will be notified of final approval or denial.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following signatures must be obtained before any request is approved.

		Approved	Decline
Department Chair	Date	_____	_____
College Dean	Date	_____	_____
Associate Provost	Date	_____	_____
Vice President for Finance	Date	_____	_____

If approved by all above, route to:

Controller	FOAP	Date Completed
Accounts Receivable	Fee Code for use on course	Date Completed
Registrar's Office		Date Completed

Copy to: Department making request

Course Fee Aprvl.3/4/05.RO