



**Request to Establish or Increase Course Fee
Academic Year 2011-2012**

Course Number:	Course Name:
Proposed Fee:	Quarter Effective:
Previous Fee, if any:	Budget Number:
Justification: (Why fee is needed and what it will be used for)	
Please submit to: Therese Grant, Administration & Planning, Box 358520	

Program Director Approval Date

Reviewed by Budget & Planning Date

Reviewed by ASUWB Date

Vice Chancellor for Academic Affairs Approval Date

Chancellor Approval Date