## **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 cour	rse fee)
Traditional, on-campus	
IVN	
Online	
Check one of the following:	
New course fee	
Proposed amount	
Change to existing course fee;	
	; proposed amount
Deletion of existing course fee	/ 1 1
Semester and Year course fee change will be implement	nted:
Estimated revenue per academic year: \$	
Name of person completing form	Date
Jepartment Chair	Date
Department Chair Submit this form to the Associate Dean for Academic	Date c Affairs.

Action: \_\_\_\_\_ Approved \_\_\_\_\_ Not approved

Associated Dean for Academic Affairs