**DCB Course Fee Request Form**

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| 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