**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