



Louisiana State University

REQUEST FOR COURSE/PROGRAM FEE ESTABLISHMENT OR ADJUSTMENT

PROGRAM NAME/COURSE NUMBER: \_\_\_\_\_

COLLEGE/DEPARTMENT: \_\_\_\_\_ PROPOSED DATE OF FEE/ADJUSTMENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT EMAIL ADDRESS: \_\_\_\_\_

Briefly state the reasons for fee establishment or adjustment(s). If multiple fee/adjustments are being proposed attach a separate sheet that details all fees/adjustments.

[Empty box for reasons for fee establishment or adjustment]

Students Assessed	Current Fee	Date of last change	Proposed Fee	\$ Change in Fee	% Change in Fee
Undergrad-Resident					
Graduate-Resident					
Undergraduate-Nonresident					
Graduate-Nonresident					
Other					

**Type of Fee Adjustment:**      **Check All That Apply**

Course Fees: \_\_\_\_\_

  Supply/Services      \_\_\_\_\_

  Trip      \_\_\_\_\_

  Program Fee      \_\_\_\_\_

Fee Adjustment Requested \_\_\_\_\_

x Estimated Enrollment      \_\_\_\_\_

**Gross Revenues Associated with Fee Adjustment**          \$0    

Less:

Costs Associated with Fee Adjustment (exemptions/waivers)      \_\_\_\_\_

**Net Revenues Associated with Fee Adjustment**          \$0    

Please explain how the college/department plans to spend revenues from this fee/adjustment (including a proposed budget):

[Empty box for explanation of revenue spending]

Estimated effect upon enrollment:

[Empty box for estimated effect upon enrollment]

Routing and Approval Signatures

Dean/Unit Director	Printed Name	Date
Vice Provost	Printed Name	Date
Vice President for Finance & Administration/CFO	Printed Name	Date
Executive Vice Chancellor & Provost	Printed Name	Date