



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