

BUSINESS SERVICES – ACCOUNTING

1250 Siskiyou Blvd, Ashland, OR 97520
T 541-552-8536 | F 541-552-6573

APPLICATION TO **MODIFY** SPECIAL FEE

Fiscal Year _____

This form must have the appropriate signatures and be submitted to your Accountant by the deadline listed on your initial email notification. The approved fees will be effective Summer Term.

Date of Application: _____ Department: _____

Course Prefix, Number, and Title: _____ <Or>

Title for Non-Academic Fee: _____

Reason for Change: Amount Course Number Course Name Description Other

Current Fee Amount (Per Student): \$ _____ Check box if "Up to"

Proposed Fee Amount (Per Student): \$ _____ Check box if "Up to"

Projected Annual Enrollment: _____

Projected Annual Revenue: \$ _____

Amount of Proposed Fee Allocated for Transportation, Lodging, Food, or Medical Insurance: \$ _____

Cost Ctr: _____ DE: _____ Fund: _____ FC: _____ Detail Code: F _____ <Or> N _____

Narrative justification for modification of the fee with a description of how the fee revenue will be spent, and the value added for the course, non-academic fee being charged <Or> New nomenclature and/or description:

Budget that details the anticipated revenue and expenses associated with the fee account:

Contact information:

Name: _____ Phone number: _____

Signatures

Dean: _____ Date: _____

Accountant Review: _____ Date: _____

Final Approval: _____ Date: _____

If you would like guidance in completing the form correctly, your Accountant has been trained to assist you with this process. Special Fees forms are due to your Accountant upon completion.