

Form 100

Date Due: October 1, 2024

LAC* Course Specific Fee Request Southern Illinois University Carbondale *Legislative Audit Commission

| 1. Check One: | Add (New Fee)** | Modify** Mo | ove Existing Fee to Equivalent (Move)** Drop |
|---|------------------------------|-----------------------------|---|
| | **A Detaile | d Fee Request Justifi | ication MUST be included - see page 2. |
| 2. College or Sch | ool: | | |
| 3. Course Prefix and Course Number: | | | Previous Course # (Move): |
| 4. Course Title: | | | Cross-listed Courses (if applicable): |
| 5. Fee Title: | | | |
| | Note: TI | his fee title will appear o | on student Bursar bills. Please be descriptive. |
| 6. Current Fee An | nount: | | |
| Date current fee lis | sted above was initiate | ed or last modified. If i | new, leave blank: Semester Year |
| 7. Proposed Fee Amount: | | Р | Per Course Registration - OR - Per Credit Hour |
| Does course depend on fee approval: | | | Bursar Assessed Fee - OR - Manually Assessed Fee |
| 8. Account Inform | nation (attach a Requ | est for New Budget P | Purpose Form for each new account needed - see instructions): |
| Revenue Budget Purpose Number: | | Department | nt Activity 1 Code: Revenue Object Code: |
| Banner Detail Code: Ex | | Expenditure Budget F | Purpose Number: |
| 9. Addendum to Catalog Description regarding course specific fee ONLY: | | | |
| | | | |
| | | | |
| 10. Approval Sigr | natures: | | |
| Unit Officer: | | | Email/Phone: Date: |
| Dean: | | | Email/Phone: Date: |
| Dean, Graduate: (If course is for Graduate credit) | | | Email/Phone: Date: |
| Provost: | | | Email/Phone: Date: |
| For Enrollment Management Office Use ONLY: Please initial and date, then forward. | | | Effective Semester/ |
| Bursar: | Initials: | Date: | Year: (to be determined by Chancellor) |
| Course Detail (SCADETL): | Initials: | Date: | Registrar: Date: |



Justification for LAC* Course Specific Fee Request (Form 100) *Legislative Audit Commission

1.a. Course Prefix and Course Number: 1.b. Previous Course Number (Move):

2.Dollar Amount of Proposed Fee: Please list contact person in case of ?s

3. Projected Revenue per Fiscal Year:

A detailed explanation/justification of how the proposed fee will be used to benefit the student must be provided below. Include in your justification:

- 1. Estimate the number of students involved per semester (Summer, Fall, Spring).
- 2. Estimate the total dollar amount of projected revenue per semester (Summer, Fall, Spring).
- 3. Historical total cost (of purchases) <u>per student</u> (if the request is to modify an existing fee).
- 4. Anticipated percentage of the total costs (of purchases) that would be covered by this fee.
- 5. An itemized list of materials to be purchased with fee revenue.
- 6. What alternative step(s) would be taken if the fee request is not granted?
- 7. For adding or increasing a fee, explain how student input was solicited. Is the change supported by the students? Type your justification in the space below. (Box will expand to fit when you exit the field. If additional space is needed, please attach additional support documentation.)