DEPARTMENT/PROGRAM NAME: ____________________________________________

CONTACT PERSON: ______________________________________ PHONE: __________________________

CAMPUS ADDRESS: __________________________________________ EMAIL: __________________________

FEE REQUESTED: ______________________ TYPE/PURPOSE OF FEE: __________________________
(e.g., course, lab, etc.)

CURRENT FEE AMOUNT: ____________________ ☐ PER TERM ☐ PER COURSE ☐ PER CREDIT
(ZERO, IF NONE)

REQUESTED FEE AMOUNT: ____________________ ☐ PER TERM ☐ PER COURSE ☐ PER CREDIT

FEE PURPOSE: (Please provide a detailed description of the purpose of the fee requested and any related materials supporting this request. A history of expenses will be helpful.)

Supported by: Fee requests will not be considered without support indicated at all required levels.

FEE REQUEST SUPPORT

_________________________________________ ☐ SUPPORT ☐ NON SUPPORT ____________ DATE
DEPARTMENT OR PROGRAM DIRECTOR

_________________________________________ ☐ SUPPORT ☐ NON SUPPORT ____________ DATE
DEAN

_________________________________________ ☐ SUPPORT ☐ NON SUPPORT ____________ DATE
VICE CHANCELLOR

SEND COMPLETED FEE REQUEST FORM ELECTRONICALLY TO: KEITH MORELAND
2105 RIVERFRONT
PHONE – 23264 (MORELAND@UMFLINT.EDU)

FEE REQUEST RECEIVED BY: ____________________________ ____________ DATE
COMMITTEE CHAIR

COMMITTEE ACTION: ☐ RECOMMENDED ☐ NOT RECOMMENDED ☐ TABLE ☐ INFORMATION REQUESTED

CHANCELLOR DECISION ____________________________ ☐ APPROVED ☐ NOT APPROVED ____________ DATE

APPROVAL AMOUNT ____________________________ ☐ PER TERM ☐ PER COURSE ☐ PER CREDIT