

University of Wisconsin-Eau Claire
SPECIAL COURSE FEE REQUEST

Department _____ Course Number _____ Section Number _____

Course Title _____ Credits _____

Reason for Special Course Fee:

TYPE OF REQUEST (Check one)

New Fee: \$ _____	Change of Special Course Fee	Deletion of Fee
New Course	from \$ _____	
Catalogued Course	to \$ _____	

UNIVERSITY ACCOUNTING GENERAL LEDGER ACCOUNT

Deposit Fee to Account #: _____ Set up New Account

EFFECTIVE TERM(S)

Effective Term(s):	Year _____	Fall	Winterim	Spring	Summer
In Effect Until Revised—Beginning:	Year _____	Fall	Winterim	Spring	Summer

APPROVAL SIGNATURES

Department Chair: _____ Date: _____

Dean of College: _____ Date: _____

Quote applicable GAPP 29 (<http://www.uwsa.edu/fadmin/gapp/gapp29.htm>) portion: _____

Provost & Vice Chancellor: _____ Date: _____

Approved Denied Reason for Approval/Denial: _____

ROUTE TO BURSAR, SCHOFIELD 110

IMPLEMENTATION

	Initials	Date
1. Bursar: SAR Code _____ 045003; Account#: _____	_____	_____
2. Bursar: Special Course Fee Table Updated _____ 500307	_____	_____
Special Course Fee Code Assigned: _____	_____	_____
ROUTE TO REGISTRAR		
3. Registrar: Non-Campus Type, if Necessary _____ 207034	_____	_____
Code: _____	_____	_____
4. Registrar: Special Course Fee Table Updated (extend value)	_____	_____
5. Registrar: Course Master File Updated	_____	_____
Course Section File Updated	_____	_____

NOTIFICATION

Original on file in Registrar's Office

Copies to: Department Chair Dean of College