UNIVERSITY OF IDAHO
REQUEST FOR SPECIAL LAB AND COURSE FEE (SLC FEES)

Date:_____

College: _____Department:_____Campus Zip: _____

Course Title:_____ Course No._____

Credit Hours: _____ CRN: _____ Effective Semester/Year: _____

Campus Code for Course (circle all that apply): A - Moscow **B –** Boise **C –** L&S Outreach **D –** Coeur d'Alene
E – Education (Outreach) **F-** Idaho Falls (IFCHE) **G -** Engineering Outreach **H –** Adult, Career, Technical Education
I – Independent Study of Idaho **J –** Twin Falls **K –** Agricultural Outreach **L –** NR Outreach **M –** COMER Outreach
N – CBE Outreach **O –** LAW Outreach **P –** A&A Outreach **Q –** Engineering Off-Campus **R –** Env. Science Outreach
S – SCI Outreach **T –** CLASS Outreach **V –**Idaho Virtual Campus

Anticipated Enrollment: _____

Current Fee: _____ Date Approved: _____ Proposed Fee: _____

Will fee apply to All semesters? ___Yes ___No If no, to which semesters will it NOT apply? Fall __ Spring __Summer __

Descriptive Title for Time Schedule Information _____

The Special Lab and Course Fee Committee reviews all requests for lab and course fee for compliance with State Board of Education policy. Check the reason(s) below that apply to this request for a special course or lab fee.

____1. College Preparatory Skills Courses
____2. Consumable course and lab materials and equipment
____3. Experiential learning activities (e.g., internships, field trips, service learning)
____4. Third-party charges for facilities, activities or services
____5. Private individual instruction (tutoring by a TA, but non-faculty)
____6. Specialized equipment, computers, software and software upgrades
____7. Professional liability insurance for students in practicum
____8. Other (Please specify)_____

Provide budget information and rationale developed by program director to support request on page 2 of the form: _____
_____
_____

Signature/Date

_____	_____	_____
Department/Administrator Date	Dean/Associate Dean Date	Vice Provost for Academic Affairs* Date

***Vice Provost forwards approved copies to Registrar (4260), Student Accounts (4250),** **Request Department's Zip Code:_____**

Student Accounts Office:

Academic Affairs – Zip 3160 Phone: 885-7941 FAX: 885-5050

Revised 1/4/08

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Narrative Explanation to Support Request

Provide narrative explanation to support the request for a special course and lab fee for the course noted on page 1 of the form. The rationale must include the following: expected course enrollments, need for additional fee, intended expenditures and uses of the fund, and any other information that would help the committee in its review of the request. _____

_____
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Provide the following budget information for the special course and lab fee account.

Current Fee: _____ **Date Fee was Approved:** _____ **Proposed Fee:** _____

Y Account Designated for the Fees Collected: _____

If this is a new fee, provide estimated revenue and expenditures on an annual basis below.

Anticipated Annual Revenue	Anticipated Annual Expenditures

If this is a previously approved fee, provide actual revenue, expenditures, and account balance for the past three years.

Current Revenue	Current Expenditures	Account Balance

Academic Affairs – Zip 3160 Phone: 885-7941 FAX: 885-5050