



Graduate Materials and Supplies Fee Request Form

Course Addition Course Revision

Forward to your college office

This form is to be used for requests to add, increase, or delete materials and supplies fees. All requests for the next graduate catalog must be submitted by October 26 for the November 9 agenda of the Graduate Council Curriculum Committee.

Request Routing: 1) Department Chair to College Dean's Office; 2) Dean's Office approved and enters data in online Course Action data base; 3) Graduate or Undergraduate committees review and Graduate or Undergraduate Dean submits to Provost; 4) A list of approved requests will be forwarded to the Provost for final approval.

Materials and supplies fees must be used for expendable or consumable items that are above and beyond the normal materials and supplies used in classroom instruction (lab, clinical, studio supplies) and cannot be used for personnel services or equipment purchase/rental. Maximum amount is \$70.00.

- Materials and supplies that are specialized and not readily available or materials and supplies that would save students money by bulk purchasing are legitimate uses of these fees.
- All materials and supplies fees must be spent on only the items listed on the table below. All materials and supplies fees for graduate courses must be approved by the Graduate Council; any previous materials and supplies fees being levied but not approved by the Graduate Council should be brought forward to document how the fees are being used.
- All materials and supplies fees should be reviewed periodically.

Date Submitted: _____ **College:** _____

Department: _____

Course Prefix and Number: _____ **Course Title:** _____

Fees:
One course per form. Round fee to the nearest dollar.

Current Fee Per Student: _____ **Requested Fee Per Student:** _____

Estimated Annual Enrollment: _____ **Revenue from Enrollment:** _____

Provide Justification for the Request:

Provide detailed cost information (per student) about the expenses for which the fee is to be assessed.

No. of Units	Description	Estimated Cost
Total Cost of Items Per Student:		

Payment Details

Account Number to Deposit Fees: _____

Item Type: _____

Contact Person: _____

Phone Number: _____

Approval Signatures

Department Chair _____ Date _____

College Academic Standards _____ Date _____

College Dean _____ Date _____

Graduate Council _____ Date _____

Vice President for Research and
Dean of the College of Graduate Studies _____ Date _____