Clear Form

Print Form

The University of Georgia

Bursar and Treasury Services
Increase/Decrease for Existing Lab/Supply Fee

School/College/Unit _____

Department _____

Program _____

Contact Information:

Name of person completing this form _____

Campus address _____

Campus Phone Number _____

E-mail address _____

In order to use this application, the lab or supply fee must meet the criteria established in the policy for Lab/Supply Fees: Academic Affairs Policy Statement No. 4.07-14. A lab/supply fee budget is also required. This form can be found at http://www.busfin.uga.edu/bursar/forms_lab_supply_fee_budget.pdf.

Increase fee per student from $ _____ to $ _____ *Include Revised Budget*

Decrease fee per student from $ _____ to $ _____ *Include Revised Budget*

List prefix, course numbers and course titles for all courses that will charge this fee:

	Course	Semester Offered	Location	Account Number *
EXAMPLE	*EXAM 1234*	*Spring*	*Athens*	*1000GN000000*

** Please enter the account number the funds will be deposited into each time a charge is received into the Student Account System. This happens as the students register for the course. This account MUST be balanced with the reports received from the Bursar and Treasury Services each term.*

Individual Responsible for Reconciling Accounts Listed Above:

Name: _____ Phone: _____ E-mail: _____

Bursar and Treasury Services
New Application for Lab/Supply Fee (continued)

Description of why a lab/supply increase or decrease is necessary for this course(s)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Approval/Denial

Department Head _____ Date _____

Dean _____ Date _____

Vice President for Instruction _____ Date _____

Approved _____ Denied _____ Date _____

After consideration by the Vice President for Instruction, please provide a copy to the Bursar and Treasury Serices.

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Bursar and Treasury Services
Lab/Supply Fee Budget

School/College/Unit _____

Department _____

Program _____

Course(s): _____
_____
_____
_____

Expected Enrollment: _____ Request Course Lab Fee: _____ Total Revenue: _____

Content/Supplies Needed	Cost
Total Cost	$0.00

Description (if necessary, attach a seperate sheet)