



**LABORATORY/COURSE FEE REQUEST FORM
STEPHEN F. AUSTIN STATE UNIVERSITY**

COLLEGE _____ DATE _____

DEPARTMENT _____ COURSE NO. _____

COURSE TITLE _____

COURSE FEE
ACCOUNT NO.

FEES

PRESENT

PROPOSED

Incidental Course Fee

actual cost of materials, supplies and/or services as a result
of a direct educational benefit in the classroom

Laboratory Fee

Increments of \$10 (min), \$20, \$30 (max)

Must cover actual cost of lab supplies and materials used per
student

Justification/Rationale

Provide information detailing the disposition of funds to be generated by these fees and why the fees are essential to the class.

Approval of Fees (Sign & Date)

Department Chair

Date

Dean

Date

Vice President for Academic Affairs Date