

Special Course Fee Application/Approval Form

SCF Policy states that students must be advised prior to registration that they will be expected to pay additional costs above institutional instructional fees. This form must be approved by the Provost before March 1st to be included in the summer and fall class schedules and before October 1st to be included in the spring class schedule.

Name of person initiating this request: _____

BILSA EMS LAE Alternate Delivery Systems [Ext., Dist. Ed.]

Department: _____

Catalog No: _____ Course Name: _____

-Initial Request -Change Request -Termination Request

Type of Special Course Fee:

-Direct Billing -Individual Billing -Varying out-of-pocket expenses

Fee Amount: \$ _____ Approx. Amt.: \$ _____ Approx. Amt.: \$ _____

Where should fee be deposited? {128-2}:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Civil-Env-Eng-662206 | <input type="checkbox"/> Gen Eng Lab Manl-662208 | <input type="checkbox"/> Chemistry/Eng Physics-662211 | <input type="checkbox"/> Art-662216 |
| <input type="checkbox"/> Biology-662217 | <input type="checkbox"/> Agriculture-662218 | <input type="checkbox"/> Communications-662219 | <input type="checkbox"/> Education-662221 |
| <input type="checkbox"/> Extension-662223 | <input type="checkbox"/> Geoscience-662225 | <input type="checkbox"/> Industry-662226 | <input type="checkbox"/> Phy. Ed-662227 |
| <input type="checkbox"/> Psychology-662228 | <input type="checkbox"/> Bus-Acct-662229 | <input type="checkbox"/> Math-662230 | <input type="checkbox"/> Student Teaching-662232 |
| <input type="checkbox"/> Clinical Experience-662235 | <input type="checkbox"/> Remedial Math-662237 | <input type="checkbox"/> Geo Field Trip-662239 | <input type="checkbox"/> History Field Trip-662240 |
| <input type="checkbox"/> Geo Winterim-662241 | <input type="checkbox"/> Sociology Field Trip-662242 | | |

Purpose of the fee:

Justification of the fee:

UW-Platteville's Guideline provision that covers this fee for direct or individual billings:

-III.A.1 -III.A.2 -III.B.1 -III.B.2 -III.B.3 -III.B.4 -III.B.5

UW-Platteville's Guideline provision that covers this fee for varying out-of-pocket expenses:

-III.D.1 -III.D.2 -III.D.3 -III.D.4

Department Head Approval by: _____ Date: _____

Provost(Chancellor's designee) Approval by: _____ Date: _____

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Upon final approval by the Provost or designee, one copy of this form must be forwarded to the University Controller to activate billing procedures.

___ - Copy sent to University Controller

Sent by: _____ Date: _____ Internal Audit Approval: _____