

## BUSINESS SERVICES – ACCOUNTING

1250 Siskiyou Blvd, Ashland, Oregon 97520  
T 541-552-6065 | F 541-552-6573

### APPLICATION TO **MODIFY** SPECIAL FEE 2019-20

This form must have the appropriate signatures and be submitted to your Service Center accountant by February 8, 2019. The approved fees will be effective Summer Term 2019.

**Date of Application:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Course Prefix, Number, and Title:** \_\_\_\_\_ **<Or>**

**Title for Non-Academic Fee:** \_\_\_\_\_

Reason for Change:	Amount	Course Number	Course Name	Description	Other
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**Current Fee Amount (Per Student):** \$ \_\_\_\_\_ Check box if “Up to”

**Proposed Fee Amount (Per Student):** \$ \_\_\_\_\_ Check box if “Up to”

**Projected Annual Enrollment:** \_\_\_\_\_

**Projected Annual Revenue:** \$ \_\_\_\_\_

**Amount of Proposed Fee Allocated for Transportation, Lodging, Food, or Medical Insurance:** \$ \_\_\_\_\_

**Index Code:** \_\_\_\_\_ **Detail Code:** F \_\_\_\_\_ **<Or>** N \_\_\_\_\_

**Narrative justification for modification of the fee with a description of how the fee revenue will be spent, and the value added for the course in which the fee will be charged:**

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**Budget that details the anticipated revenue and expenses associated with the fee account:**

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#### **Contact information:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

#### **Signatures**

**Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service Center Accountant Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like guidance in completing the form correctly, your Service Center Accountant has been trained to help you with this process. Special Fees forms are due to the Service Center **by February 8, 2019.**