

## BUSINESS SERVICES – ACCOUNTING

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

### APPLICATION TO **MODIFY** SPECIAL FEE

Fiscal Year \_\_\_\_\_

This form must have the appropriate signatures and be submitted to your Accountant by **February 24, 2021**.  
The approved fees will be effective Summer Term 2021.

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, non-academic fee being charged <Or> New nomenclature and/or description:**

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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: \_\_\_\_\_

Accountant Review: \_\_\_\_\_ Date: \_\_\_\_\_

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

If you would like guidance in completing the form correctly, your Accountant has been trained to help you with this process. Special Fees forms are due to your Accountant by **February 24, 2021**.