

**ST. CLOUD STATE**  
**U N I V E R S I T Y**  
*A tradition of excellence and opportunity*

**Special Course Fee Request/Approval Form**

Department Requesting Fee: \_\_\_\_\_

Account Number: \_\_\_\_\_

Term Requested: \_\_\_\_\_

Name and Course Number to which Fee will be Applied: \_\_\_\_\_

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Number of Sections: \_\_\_\_\_ Average Class Size: \_\_\_\_\_

Fee Request Amount: \_\_\_\_\_ Special Fee Revenue: \_\_\_\_\_

Justification for charging an additional fee:

**University Approval:**

\_\_\_\_\_  
*Department Chairperson*  
*Date*

\_\_\_\_\_  
*Dean Of College*  
*Date*

\_\_\_\_\_  
*Provost*  
*Date*

\_\_\_\_\_  
*Associate V. P. Admin Affairs*  
*Date*

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**Administrative Use Only**

Date entered into ISRS: \_\_\_\_\_

Date sent to Records Office: \_\_\_\_\_