

POLK STATE COLLEGE LAB FEE APPROVAL FORM

Check One: New Fee Adjustment to Existing Fee Delete Fee Annual Review of Lab Fee

Course Prefix, Number and Title: _____

Current Lab Fee Amount: _____

New Lab Fee Amount: _____

Effective Date or Semester: _____

Org Unit Number: _____

This lab fee will be assessed to all sections unless designated below.

SPECIAL INSTRUCTIONAL METHOD ONLY: (Specify) _____

Justification: *(List anticipated extraordinary per-student costs)*

\$		Lab supplies-expendables	Supplies (List type):
\$		Lab support personnel	P/T only:
\$		Equipment	List:
\$		Laboratory equipment repair	List:
\$		Laboratory software	List:
\$		Liability Insurance	List:
\$		Service contracts/licenses	List:
\$		Standardized tests	List:
\$		Other	List:
\$		Other	List:
\$		Total Cost	
\$		Cost per student	(Total Cost divided by Projected Annual College-wide Course Enrollment)
Proposed Course Fee: \$			
Remarks:			

APPROVAL: *(Originating Department)*

Program Manager: Date: _____

Dean: Date: _____

Vice President for Academic & Student Services: Date: _____
(Due in the VP office on 4/30 of each year)