



**Arkansas State University**  
**New Program/Tuition and Fees Change Form**

**>>Department Information**

**Department:** Disaster Preparedness and Emergency M **Contact:** Sara Walker

**Contact E-mail:** sawalker@astate.edu **Contact Phone:** 870-680-8286

☐ **New Program** **Name:** \_\_\_\_\_

**Will differential tuition be charged:** ☐ Yes ☐ No **Tuition amount:** \_\_\_\_\_

\*Please attach UCC/Grad School Proposals

☒ **New Course** **Subject/Course Number:** EMSP 2217

**New Course Fee Name:** A&P for Paramedics with Lab

**Will differential rate be charged:** ☒ Yes ☐ No **Rate amount:** \$100

\*Please attach UCC/Grad School Proposals

☐ **Program Tuition Change** **Name:** \_\_\_\_\_

\*Please attach Board of Trustees Resolution **New Tuition Amount:** \_\_\_\_\_

☐ **Course Fee Change** **Subject/Course Number:** \_\_\_\_\_

**New Course Fee Name:** \_\_\_\_\_

\*Please attach Board of Trustees Resolution if rate has changed **Rate amount:** \_\_\_\_\_

**>>Finance Information**

**Does the new Tuition or Fee require new accounting (Please provide below):** ☐ Yes ☒ No

**Accounting Distribution**

Detail Code	Fund Title	FUND	ORGN	ACCT	PROG

**>>Required Signatures**

**Contact:** Sara Walker, MS, NRP **Date:** 10/10/19

**Chair:** Shawn Bayouth **Date:** 10/24/19

**Dean:** Susan Hanrahan **Date:** 10/24/19

**VCARR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Trustees Approval:** \_\_\_\_\_ (Yes/No) **Date:** \_\_\_\_\_

**VC Finance:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Accounts:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*ALL INFORMATION IN BOLD MUST BE COMPLETED OR THE FORM WILL BE RETURNED TO THE DEPARTMENT\*\*\***

**For all questions please contact the Treasurer's Office - Technology Services**

Treasurer's Office | P.O. Box 2640, State University, AR 72467 | o: 870-972-2285 | f: 870-972-3068