



Arkansas State University New Program/Tuition and Fees Change Form

Contact E-mail: wburns@astate.edu		t Information			Marie - Boom		
New Program Name: Will differential tuition be charged: Yes No Tuition amount: Please attach UCC/Grad School Proposals	Department: Chemistry & Physics			Contact:	Contact: William Burns		
Will differential tuition be charged: Yes No	Contact E-mail:	wburns@astate.edu		Contact	Phone: <u>972-3086</u>		
*Please attach UCC/Grad School Proposals New Course Subject/Course Number: CHEM 4501	□New Progran	n Name:		<u> </u>			
New Course Subject/Course Number: CHEM 4501 New Course Fee Name: this course should be subject to differential tuition Will differential rate be charged: ■Yes □ No Rate amount: correct CSM differential tuition *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: □Please attach Board of Trustees Resolution if rate has changed Rate amount: □Spinance Information Does the new Tuition or Fee require new accounting (Please provide below): □Yes ■ No Accounting Distribution □Petail Code Fund Title FUND ORGN ACCT PROG □PROG	Will differen	tial tuition be charged:	□Yes □ No	Tuition amount:			
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Will differential rate be charged:	■New Course	Subject/Cours	e Number: Chelvi	e should be subject to diffe	rential tuition		
*Please attach UCC/Grad School Proposals Program Tuition Change Name:	tatili differen			Pate amount:	current CSM differential tuition rate	(Fall 2016, \$22 per credit hour)	
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:			⊟ 162 □ 140	Kate amount.			
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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): Ves No							
*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	□ Course Fee C						
>>Finance Information Does the new Tuition or Fee require new accounting (Please provide below): Detail Code							
Does the new Tuition or Fee require new accounting (Please provide below): Accounting Distribution	*Please attach	Board of Frustees Resolution	ir rate has changed	Nate amount.			
>>Required Signatures Contact: MM Burno Date: 1/3-/7 Chair: Mm Burn Date: 1/-3-/7 Dean: Using From Date: 11-3-17 VCARR: Date: VCFinance: Date: D	Does the new 1	Tuition or Fee require n			□Yes ■ No		
Contact: MRWM Date: // 3 - / 7 Chair: Date: // -3 - / 7 Dean: Date: VCARR: Date: Board of Trustees Approval: (Yes/No) Date: VC Finance: Date:	11 11 11 11 11 11						
Contact: MM Date: // 3 - / 7 Chair: Date: // 3 - / 7 Dean: Date: / 3 - / 7	Detail Cod	e Fund Title	FUND		ACCT	PROG	
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Student Accounts: Date:	>>Required Sig Contact: Chair: Dean: VCARR:	naturés M Bwans M Bwans ne Gy		Date: Date: Date: Date:	1/3-17 1/-3-17	7	
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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