



Arkansas State University New Program/Tuition and Fees Change Form

>>Department Information

Department: _____ **Contact:** _____

Contact E-mail: _____ Contact Phone: _____

New Program **Name:** _____

Will differential tuition be charged: Yes No **Tuition amount:** _____

*Please attach UCC/Grad School Proposals

New Course **Subject/Course Number:** _____

New Course Fee Name: _____

Will differential rate be charged: Yes No **Rate amount:** _____

*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: _____ Date: _____

Chair: _____ Date: _____

Dean: _____ Date: _____

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