



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

**>>Department Information**

Department: Chemistry & Physics Contact: William Burns

Contact E-mail: wburns@astate.edu Contact Phone: 972-3086

**New Program** Name: \_\_\_\_\_  
Will differential tuition be charged:  Yes  No Tuition amount: \_\_\_\_\_

\*Please attach UCC/Grad School Proposals

**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: current CSM differential tuition rate (Fall 2016, \$22 per credit hour)

\*Please attach UCC/Grad School Proposals

**Program Tuition Change** Name: \_\_\_\_\_  
New Tuition Amount: \_\_\_\_\_

\*Please attach Board of Trustees Resolution

**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: *William Burns* Date: 11-3-17

Chair: *William Burns* Date: 11-3-17

Dean: *Alan G. ...* Date: 11-3-17

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