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

*>>Department Information*

**Department:** Music **Contact:** Sarah Labovitz

Contact E-mail: slabovitz@astate.edu Contact Phone: 2799

☐ **New Program** **Name:** _____

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

*Please attach UCC/Grad School Proposals

☒ **New Course** **Subject/Course Number:** MUS 6371 Concert Band

**New Course Fee Name:** Ensemble fee

**Will differential rate be charged:** ☐ **Yes** ☒ **No** **Rate amount:** $15

*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 |
|---|---|---|---|---|---|
| | | 140002 | 250452 | 512301 | 0000 |
| | | | | | |

*>>Required Signatures*

Contact: Sarah Labovitz Date: 2-17-2021

Chair: Lauren Clark Date: 2-17-2021

Dean: Gina Hogue Date: 2/25/2021

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