

POLK STATE COLLEGE LAB FEE APPROVAL FORM

Check One: New Fee Adjustment to Existing Fee Delete Fee
 Annual Review of Lab Fee

Program Name: _____
 Program Director: _____
 Course Prefix, Number, and Title: _____
 Current Lab Fee Amount: _____ New Lab Fee Amount: _____
 Effective Date or Term: _____
 Org Unit Number: _____

This lab fee will be assessed to all sections unless designated below.

SPECIAL INSTRUCTIONAL METHOD ONLY: (Specify) _____

Justification: *(List anticipated extraordinary per-course costs)*

\$		Lab supplies-expendables	Supplies (List type):	
\$		Lab support personnel	P/T only:	
\$		Equipment	List:	
\$		Laboratory equipment repair	List:	
\$		Laboratory software	List:	
\$		Insurance	List:	
\$		Service contracts/licenses	List:	
\$		Standardized tests	List:	
\$		Other	List:	
\$		Other	List:	
\$		Total Cost		
		Total Projected Annual Enrollment		
\$		Cost per student	(Total Cost divided by Projected Annual College-wide Course Enrollment)	
Proposed Course Fee: \$				
Remarks:				