

Western Nevada College
Institutional Student Fee Change Request

_____ **1. Special Course Fee**

Course Name _____

Course Number _____

_____ **2. Student Fee**

Type _____

Current Fee Amount: \$ _____

_____ New

Proposed Increase: \$ _____

_____ Increase

New Fee Amount: \$ _____

_____ Decrease

_____ Elimination

Annual number of students impacted _____

Justification for Change:

Approvals:

Person Requesting:

Date:

Academic Director:

_____ (if applicable)

Date:

Chief Financial Officer:

_____ (if applicable)

Date:

VP Academic & Student Affairs:

Date:

Review by

College Council:

Date Reviewed (Minutes attached)

Approval by President:

Date:

Copied to: Scheduling Representative

Administrative Office Use Only	
Date Received:	_____
Master Fee Schedule Updated:	_____
Updated by:	_____
	Initials