Western Nevada College
Institutional Student Fee Change Request (New/Increase/Decrease/Elimination)

1. Special Course Fee
   - Course Name: ____________________________
   - Course Number: ____________________________

2. Student Fee
   - Type: ____________________________
   - Current Fee Amount: $ __________
   - Proposed Increase: $ __________
   - New Fee Amount: $ __________

Justification for Change:

Approvals:

Person Requesting: ____________________________
Date: ____________________________

Division Chair: ____________________________ (if applicable)
Date: ____________________________

Dean: ____________________________ (if applicable)
Date: ____________________________

Appropriate VP: ____________________________
Date: ____________________________

Review by College Council:
Date Reviewed (Minutes attached)

Copied to: Scheduling Representative

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<thead>
<tr>
<th>Administrative Office Use Only</th>
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<tbody>
<tr>
<td>Date Received: ____________________________</td>
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<tr>
<td>Master Fee Schedule Updated: ____________________________</td>
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<tr>
<td>Updated by: ____________________________</td>
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<tr>
<td>Initials: ____________________________</td>
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