

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

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