

**Special Course Fee  
Revision Authorization**

Use this form only for revising special course fees approved for the 2007-2009 catalog biennium. For all other special course fees, use the AccessPlus special course fee authorization. Also see [www.iastate.edu/~registrar/fees/scf](http://www.iastate.edu/~registrar/fees/scf)

**College:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Catalog Biennium\*:** \_\_\_\_\_

\*Submit a new form each new catalog biennium.

**Course Information**

Course number and title: \_\_\_\_\_

Instructor: \_\_\_\_\_

Term(s) offered: \_\_\_\_\_ Effective Term and year: \_\_\_\_\_

Justification for fee:

Special conditions, if any:

Explain the change—e.g., fee increase, change in usage, etc.:

Proposed amount: \_\_\_\_\_ Previously charged amount: \_\_\_\_\_

*This fee continues in effect for the remainder of the current catalog biennium. A new authorization form must be processed if the fee is to be continued into a new catalog biennium.*

Account number to deposit funds: \_\_\_\_\_

Department contact: \_\_\_\_\_

Name

Address

Phone

e-mail

**Accounts Receivable Office use only:**  
Selling agency: \_\_\_\_\_ Class code: \_\_\_\_\_

**Routing (please sign and include date)**

<b>1. Department head</b>	<b>Date</b>
<b>2. Dean</b>	<b>Date</b>
<b>3. Provost</b>	<b>Date</b>
<b>4. Accounts Receivables Office</b>	<b>Date</b>
<b>5. Office of the Registrar</b>	<b>Date</b>

Submit this form, with all signatures, to the Registrar's Tuition and Fees Office, 0460 Beardshear Hall.