

# Minnesota State University, Mankato

## Request and Approval Form for Student Course Fees Based on Personal Property and Service Charge

Last updated 06/26/2024

Please use this form to submit requests for new, continuing, or changes in student course fees. All fees must comply with [Board of Trustees Policy 5.11](#). You need to document that you have a rationale and have consulted students.

### Complete requests must be received on or before:

- **January 15 to Dean's Office / January 30 to Provost's Office** for a continuing, new or revised fee (includes deletion) starting the following Summer or Fall term
- **September 15 to Dean's Office / September 30 to Provost's Office** for a continuing, new or revised fee (includes deletion) starting the following Spring term

Name of dept requesting the fee (includes requests for deletions in course fees): \_\_\_\_\_

Dept contact for questions: \_\_\_\_\_

What type of request is this (check one)?  New Fee  Revised Fee  Deletion of Fee Permanently

Amount of fee request: \_\_\_\_\_

Year and term to begin: \_\_\_\_\_ Last term to charge (if deleting): \_\_\_\_\_

Check one: Year round (includes Summer): \_\_\_\_\_ Academic year only (Fall & Spring): \_\_\_\_\_ Other: \_\_\_\_\_

### How should the fee be charged?

Amount charged per credit for the course

Amount charged as a flat course fee (exclusive of # of course credits)

What is the reason for the course fee? \_\_\_\_\_ (please attach documentation)

How was the total course fee amount determined? \_\_\_\_\_ (please attach documentation)

How were students consulted (must happen prior to start of course fee being charged)?  
\_\_\_\_\_ (please attach documentation)

### Course(s) to which fee is/are to be applied:

Course Designator/Section(s)

SUBJ Course # (ex: ENG 101)

Course Name

(ex: English Composition)

All Sections of Course or Specific Sections Only

(If specific, state basis for deciding—faculty, semester, concurrent section, learning comm, etc. )

Course Designator/Section(s)	Course Name	All Sections of Course or Specific Sections Only
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Where should fees be deposited?

Cost Center Number\*: \_\_\_\_\_ Name: \_\_\_\_\_

*\*If a new account is needed, leave blank. If approved, you will be asked to complete a new account request form. If this is an inclusive access e-book, leave blank.*

### APPROVALS:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

**\*After dean approval, submit form to [academicsbudget@mnsu.edu](mailto:academicsbudget@mnsu.edu).**

\_\_\_\_\_  
Vice Provost

\_\_\_\_\_  
Vice Provost Signature

\_\_\_\_\_  
Date

*College/Department requesting the fee will be notified of approval by the Office of the Provost.*

**Departments should contact Finance and Facilities to request new accounts and attach an approved copy of this form.**