**WESTERN ILLINOIS UNIVERSITY**

**New Laboratory/Class Charge Form**

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| Purpose of the requested charge: |  |
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| --- | --- |
| All funds assessed through this charge shall be placed in local account #: |  |
| Proposed charge per student: |  |
| Number of students to be enrolled per academic year: |  |
| Projection of the total amount of income generated per year: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Prefix | Course Number | Course Prefix | Course Number |
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|  |  |  |  |

Signature:

*(Dean) (Date)*

Signature:

*(Billing and Receivables) (Date)*

Signature:

*(Provost) (Date)*

Signature:

*(President) (Date)*