

WESTERN ILLINOIS UNIVERSITY

Change to Laboratory/Class Charges Form

Changes to current class charges:

Justification for the proposed change:	
Current charge per student:	
Proposed charge per student:	
Number of students to be enrolled per academic year:	
Projection of the total amount of income generated per year:	

Changes to course names and/or numbers:

Course Prefix	Course Number	New Course Prefix	New Course Number

Changes to method of assessment:

Justification for the proposed change:

Signature: _____
(Dean) *(Date)*

Signature: _____
(Billing and Receivables) *(Date)*

Signature: _____
(Provost) *(Date)*

Signature: _____
(President) *(Date)*

Return original to Provost Office

Final copy to:
 Billing & Rec SH 106
 AIMS SH 212
 Business Office SH 220
 Registrar SH 110
 Catalogue SH 318