

WESTERN ILLINOIS UNIVERSITY

New Laboratory/Class Charge Form

Purpose of the requested charge:

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

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