Approval Form for Nonstandard Fee Programs and Courses

This approval form is to be used by School/College designees when requesting the approval of nonstandard fee programs and courses from the Vice Chancellor for Administration.

Proposed Program/Course Title: __________________________________________________________

Tuition rate being requested: $ ____________________

Will all students taking this course or series of courses be charged the same amount? If no, please describe the differences in charges: __________________________________________________________

Will all or part of the tuition revenues be returned to the program or department? If yes, please complete the ‘Request Form to Create or Change an Item Type’ found on the second page of this document. If not, please disregard the second page as it is not required.

Justification and Fiscal Impact Statement: Please attach to this form. Not to exceed one page.

INITIAL REQUESTER: ________________________________________________________________

Name: ____________________________________________ Phone/Email: _______________________

Signature: __________________________________________

SCHOOL/COLLEGE DESIGNEE: __________________________________________________________

Name: ____________________________________________ Phone/Email: _______________________

Signature: __________________________________________

Vice Chancellor for Administration Approval:

Signature: __________________________________________ Date: __________________________

After approval, submit copy to:
School/College
Office of the Registrar, Tuition Assessment, 333 East Campus Mall #10301
Bursar’s Office, 333 East Campus Mall #10501
UW-MADISON BURSAR'S OFFICE
REQUEST FORM TO CREATE OR CHANGE AN ITEM TYPE

Request Date: ___/____/____  Date needed: ___/____/____

Check the appropriate box:

- □ Create NEW Item Type
- □ Change Existing ItemType ItemType # ____________

Proposed Program/Course Title:
Change Effective date: ___/____/____

ITEM TYPE REVENUE CODING

<table>
<thead>
<tr>
<th>Account (4 digits)</th>
<th>Fund (3 digits)</th>
<th>Program (1 digit)</th>
<th>Org (6 digits)</th>
<th>Project (7 digits)</th>
</tr>
</thead>
</table>

DEPARTMENT CONTACT INFORMATION

Department Name: 
Contact Name & Title: 
Office Address: 
Phone Number: 
E-mail Address: 

DEPARTMENT ACCOUNTANT INFORMATION

(if other than Dept Contact)

Accountant Name: 
Phone Number: 
Email Address: 

ITEM TYPE REQUEST DEPT. APPROVAL

Date: _____/_____/____
Name & Title: 
Phone Number: 
Email Address: 

SUBMIT APPROVED FORM TO BURSAR'S OFFICE

Email: lande@bussvc.wisc.edu
Mail: Bursar’s Office  Attn: Linda Ande  333 EAST CAMPUS MALL # 10501  MADISON, WI 53715-1383

THIS SECTION FOR BURSAR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Item Type Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Type Number:</td>
</tr>
<tr>
<td>Origin ID:</td>
</tr>
<tr>
<td>Account (4 digits)</td>
</tr>
<tr>
<td>Debit / /</td>
</tr>
</tbody>
</table>

Date created in SIS: ___/____/____

Last updated 10/17/08