TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO  
SPECIAL INSTRUCTION FEE REQUEST

To:           Chief Financial Officer, or designee.

Date:         ____________________

Name of Department: _________________________________

Course/Section Number(s):

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Amount to be collected from each student: $__________________

Indicate by checking (✓) the appropriate block if this charge (amount) is per credit hour or a flat rate charge.

☐  This is per credit hour.

☐  This is a flat rate charge.

Please PRINT or TYPE the fee description to be printed on the student's billing (30 character limit).

________________________________________________________________________________

Effective Semester(s): __________  __________  __________  __________

Please check (✓) the appropriate block below:

☐  This is for the above indicated semester(s) only.

☐  This is to continue until rescinded, beginning with the above semester, for all semesters or summer terms.

☐  This is to continue until rescinded, beginning with the above semester for ______________ sessions only. Please check (✓) the appropriate block for the semester(s) or term(s):

☐  Fall  ☐  Spring  ☐  1st Summer  ☐  2nd Summer

Provide a short narrative stating the purpose of the special fee or nature of special activity (attach additional page(s) as necessary.)
SPECIAL INSTRUCTION FEE REQUEST, Continued:

BUDGET INFORMATION

A. Individual who will manage budget (please PRINT or TYPE):

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<tr>
<th>Last Name</th>
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Official Phone Number ( ) _______ - _______

B. Banner FOAP:

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<td>(assigned by Student Business Services)</td>
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(If this is a new fund, attach a copy of the Budget Revision and New Fund Request Forms.)

C. Budget Estimate: $________________ per year

$________________ per semester

Revenue Estimate:

____________ Number of Students x $________________ (fee) = $____________

Expenditures (estimated):

________________________________________ $____________

________________________________________ $____________

________________________________________ $____________

________________________________________ $____________

TOTAL $____________

Chairperson ______________________________ President ______________________________

Dean ______________________________ Chief Financial Officer, or designee ______________________________

Submit Fee Request to:
Student Business Services at sbselp@ttuhsc.edu
Subject: Special Instruction Fee Request