

Instructions for Completing the "Request for Approval of Laboratory Fees" Form

This form is to be used only for course-related fees.
Complete form and fax or mail to the Office of Tuition and Fees.
Deadlines for submission are as follows: Fall Term – July 1

Winter Term – November 1

Spring/Spring-Summer/Summer Terms – March 1

Requests received after the deadline will be applied to the following relevant term upon approval by the fee committee.

Please Note: Inaccurate, incomplete or obsolete forms will be returned to the requestor.

Effective Winter 2006 term, any Course or Class Laboratory Fee that has not been assessed in more than three years will be inactivated and removed from the published fees that are currently listed on the Registrar's Office website.

In order to re-activate the fee, a new request should be submitted to the Office of Tuition and Fees.

To assist you in locating the data required to complete the Request for Laboratory Fees Form, we have included M-Pathways navigation: Curriculum Management > Schedule of Classes > View Schedule of Classes

1. Course ID
2. Subject Area
3. Catalog Number
4. Course Title
5. Course Component Type

The screenshot shows the University of Michigan M-Pathways interface. The course details are as follows:

Course ID:	009552	Course Offering Nbr:	1
Academic Institution:	University of Michigan	UG RC	
Term:	Winter 2002	Fine Arts	
Subject Area:	RCARTS	Int Photo Appl	
Catalog Nbr:	385		

Class Sections:

Session:	1	Regular Academic Session	Class Nbr:	8132
Class Section:	001		Start/End Date:	01/07/2002 04/17/2002
Component:	LAB	Laboratory	Event ID:	000050236
Class Type:	Enrollment			
Associated Class:	1			No Fee
Campus:	A	Ann Arbor		
Location:	AA CAMPUS	Ann Arbor Campus		<input checked="" type="checkbox"/> Schedule Print
Course Administrator:				
Academic Organization:	186000	Residential College		
Academic Group:	RC	LSA Residential College		
Holiday Schedule:	ACAD	Academic Holiday Schedule		
Instruction Mode:	P	In Person		
Primary Instr Section:	001			

Class Topic:

Course Topic ID:	<input checked="" type="checkbox"/> Print Topic in Schedule
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Class Attributes:

Course Attribute	Course Attribute Value



Request for Approval of Laboratory Fees (Sample Copy)

Office of the Registrar, University of Michigan

1210 LSA Building
500 S. State Street
Ann Arbor, MI 48109-1382
Phone: 734.615.1572
Fax: 734.936.3148
ro.umich.edu

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School or College LS&A Department Exhibit Museum Acct. # 413380

Chartfield: 10000 201000 31100 LNCUR U001678 122911
Fund Org. Subclass Program Project/Grant Shortcode
Code

Course ID	Subject Area	Catalog Number	Course Title	Course Component of Enrollment Section	Cross Listed Course? Yes / No (circle one)
<u>12863</u>	<u>Musmeth</u>	<u>406</u>	<u>Spec Problems</u>	<u>Lab</u>	<u>Sub/Cat Medillus 406</u>

Expected Enrollment 15 Present Fee \$ 65.00 Recommended Fee \$ 80.00
(Fees must be more than \$20.00 to be considered.)

Statement of need for fee or fee increase (attach additional page if necessary)
Increase in cost of supplies.

Description of items and/or activities to be covered and related expenses (attach additional page if necessary)
See attached list of supplies.

Fee to begin: Winter 2006
Term Year

Contact Name Contact Name Phone # 4-123 E-mail Address cname@umich.edu

Requestor's Signature Requestor's Signature Date October 3, 2005

Endorsement by Dean's Office Dean's Office Signature Date October 4, 2005

Send completed form to:
University Committee on Fees
1210 LSA, 1382
Phone: 734.615.1572
Fax: 734.936.3148

Do not write below this line
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Date received by University Committee on Fees _____
Approved / Denied (circle one) _____ Date of Committee Action _____
Authorizing Signature _____
Item Type _____



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School or College _____ Department _____ Acct. # _____

Chartfield: _____
Fund _____ Org. Code _____ Subclass _____ Program _____ Project/Grant _____ Shortcode _____

Course ID	Subject Area	Catalog Number	Course Title	Course Component of Enrollment Section	Cross Listed Course? Yes / No (circle one) Sub/Cat
_____	_____	_____	_____	_____	_____

Expected Enrollment _____ Present Fee \$ _____ Recommended Fee \$ _____
(Fees must be more than \$20.00 to be considered.)

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Description of items and/or activities to be covered and related expenses (attach additional page if necessary)

Fee to begin: _____
Term Year

Contact Name _____ Phone # _____ E-mail Address _____

Requestor's Signature _____ Date _____

Endorsement by Dean's Office _____ Date _____

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