LAKE-SUMTER COMMUNITY COLLEGE

LAB OR OTHER FEE APPROVAL FORM

Check One ☐ **Lab Fee** ☐ **Other Fee**

Check One ☐ New Fee ☐ Adjustment to Existing Fee ☐ Delete Fee ☐ Annual Review of Fee

Course Prefix, Number and Title: _____

Current Fee Amount: _____ New Fee mount: _____

Effective Date or Semester: _____

Course Cost Center Number: _____

This lab fee will be assessed to all sections unless designated below.

SPECIAL INSTRJCTIONAL METHOD ONLY: (Specify)

Justification: (List anticipated extraordinary per-student costs)

Materials & Supplies	$ Cost
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
Services	
• _____	_____
• _____	_____
Liability Insurance	
• _____	_____
• _____	_____
TOTAL	_____

APPROVAL: *(Originating Department)*

Chairperson: ☐ _____

Dean ☐ _____
General Education and Transfer Programs

Dean ☐ _____
Career and Technical Programs

Vice President of Academic and Student Affairs _____

Approved by District Board of Trustees ☐ Date: _____

Revised 8/09