



# Course Fee Request /Modification

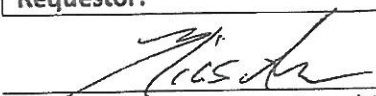
Course ID ABDR 2347 Course Title Advanced Collision Repair Welding  
 Department Automotive Tech. Course Credit Hours 3 Fee Amount \$ 100.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TSPF - Course Fee

For the Office of Business/Bursar Only: Detail Code/FOAPAL  
 \*TBD indicates a new program awaiting a code assignment from the Office of Bursar.


**Justification** (Supporting documentation attached:  Yes  No)  
 Transferring the fee attached to ABDR 2447 to ABDR 2347. A fee termination request for ABDR 2447 is being presented along with this request. The fee covers cost of consumables used in the course for student lab experiences such as welding wire for practice welding, drill bits, and other welding materials. Total cost per student is \$100.00 to \$150.00

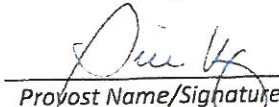
- Select What Type of Fee Request (required)**
- Original approval request\*
  - Change to existing fee amount\*
  - Course designation change (no fee change)
  - Fee Termination Notice
- \*Requires SVPCO and Board approval*


- Select What Type of Fee (required)**
- Course Lab Fee ( ≤ \$24)
  - Course Special Fee ( >\$24)
  - Pass-through Fee
  - Administrative Fee
  - Other (requires justification)

**Requestor:**  
  
 Associate Dean; Director Name/Signature 1-10-2022  
Date

**Approvals:**

  
 Dean Name/Signature 1/11/2022  
Date

  
 Provost Name/Signature 1/12/22  
Date

  
 Senior VP Campus Operations Name/Signature 1-12-22  
Date

- Instructions**
1. Complete the requested information; obtain all campus signatures, then submit to the Senior VP of Campus Operations for final approval and submission to the Collin College Board of Trustees (Board).
  2. Board determinations will be routed from Office of Campus Operations to Office of the Bursar, then to the respective dean.
  3. Departments are responsible for any necessary fee entries in Banner at course section level.
  4. The Office of the Bursar forwards approvals to the curriculum coordinator for Banner catalog input.

**Texas Education Code (TEC) Citations for Assessing Fees**

TEC, Subchapter E.54.501: *Laboratory Fees...shall not be more the \$24 per semester credit hour of laboratory course credit...*  
 TEC, Subchapter B.54.051(l): *Courses in art, architecture, drama, speech, or music where individual coaching or instruction is the usual method of instruction...* TEC, Subchapter E. 54.504: *Incidental Fees...reasonably reflect actual cost to the university of the materials or services for which the fee is collected.* TEC, Chapter 130.084(b): *Fees necessary for efficient operation of the college...*

This fee is required because of the high cost to run this course. There are a lot of consumables utilized in the course as well as high-tech equipment that needs to be kept up to date. Welding Supplies-gas, welding wire metal for practicing welds on cut-off disc, drill bits, personal protection equipment (welding filtered respirator, safety glasses, ear plugs, weld helmet, welding jacket)

Current fee of \$100 is on course ABDR 2447-transferring fee to new course ABDR 2347

Estimated cost per student - \$150.00



# Course Fee Request /Modification

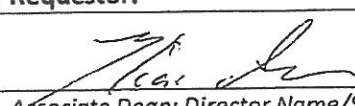
Course ID ABDR 2447 Course Title Advanced Collision Repair Welding  
 Department Automotive Tech. Course Credit Hours 4 Fee Amount \$ 100.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TSPF - Course Fee

**For the Office of Business/Bursar Only:** Detail Code/FOAPAL  
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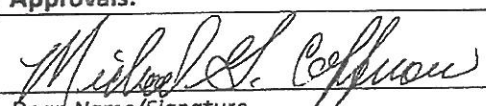
**Justification** (Supporting documentation attached:  Yes  No)  
 Due to curriculum change ABDR 2447 is no longer offered. A request to transfer the fee to the new course ABDR 2347 is being submitted with this termination request.

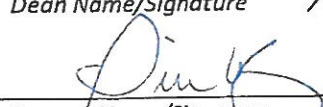
- Select What Type of Fee Request (required)**
- Original approval request\*
  - Change to existing fee amount\*
  - Course designation change (no fee change)
  - Fee Termination Notice  
\*Requires SVPCO and Board approval

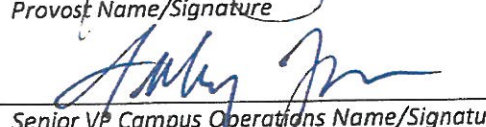
- Select What Type of Fee (required)**
- Course Lab Fee (< \$24)
  - Course Special Fee (> \$24)
  - Pass-through Fee
  - Administrative Fee
  - Other (requires justification)

**Requestor:**  
  
 Associate Dean; Director Name/Signature 1-10-2022  
Date

**Approvals:**

  
 Dean Name/Signature 1/11/2022  
Date

  
 Provost Name/Signature 1/12/22  
Date

  
 Senior VP Campus Operations Name/Signature 1-12-22  
Date

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# Course Fee Request /Modification

Course ID DMSO 2253 Course Title Sonography of Superficial Structures  
 Department Diag. Sonography Course Credit Hours 2 Fee Amount \$ 24.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TLAB - Lab Fee

**For the Office of Business/Bursar Only:** Detail Code/FOAPAL  
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**Justification** (Supporting documentation attached:  Yes  No)  
 Due to curriculum change, DMSO 2253 is no longer offered.

- Select What Type of Fee Request (required)**
- Original approval request\*
  - Change to existing fee amount\*
  - Course designation change (no fee change)
  - Fee Termination Notice  
\*Requires SVPCO and Board approval

- Select What Type of Fee (required)**
- Course Lab Fee ( ≤ \$24)
  - Course Special Fee ( >\$24)
  - Pass-through Fee
  - Administrative Fee
  - Other (requires justification)

**Requestor:**

Megan Chambers Digitally signed by Megan Chambers  
 Date: 2022.01.11 13:23:04 -06'00'  
 Associate Dean; Director Name/Signature Date

**Approvals:**

Michelle Millen, MSCPM, RHIA Digitally signed by Michelle Millen, MSCPM, RHIA  
 Date: 2022.01.11 16:16:52 -06'00'  
 Dean Name/Signature Date

Mark Smith Digitally signed by Mark Smith  
 Date: 2022.01.11 16:27:41 -06'00'  
 Provost Name/Signature 01/11/2022  
Date

Abe Johnson Digitally signed by Abe Johnson  
 Date: 2022.01.13 08:47:34 -06'00'  
 Senior VP Campus Operations Name/Signature Date

- Instructions**
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# Course Fee Request /Modification

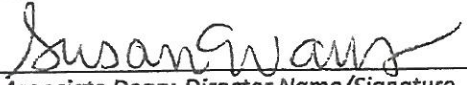
Course ID KINE 1306 Course Title First Aid  
 Department Kinesiology Course Credit Hours 3 Fee Amount \$ 42.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TSPF - Course Fee

For the Office of Business/Bursar Only: Detail Code/FOAPAL  
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Justification (Supporting documentation attached:  Yes  No)  
 The Kinesiology department is requesting to increase the current course material fee from \$10.00 to \$42.00. The additional \$32.00 fee will be to cover the current American Red Cross testing and certification expenses.

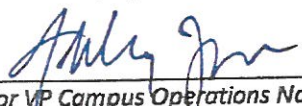
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- Original approval request\*
  - Change to existing fee amount\*
  - Course designation change (no fee change)
  - Fee Termination Notice
- \*Requires SVPCO and Board approval*

- Select What Type of Fee (required)**
- Course Lab Fee (< \$24)
  - Course Special Fee (>\$24)
  - Pass-through Fee
  - Administrative Fee
  - Other (requires justification)

Requestor: \_\_\_\_\_  
  
 Associate Dean; Director Name/Signature \_\_\_\_\_  
 \_\_\_\_\_  
 1/13/2022  
 Date

Approvals:

Dawn Richardson Digitally signed by Dawn Richardson  
Date: 2022.01.10 14:19:09 -06'00'  
 \_\_\_\_\_  
 Dean Name/Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Date

Craig Leverette Digitally signed by Craig Leverette  
Date: 2022.01.10 14:27:10 -06'00'  
 \_\_\_\_\_  
 Provost Name/Signature \_\_\_\_\_  
  
 Senior VP Campus Operations Name/Signature \_\_\_\_\_  
 \_\_\_\_\_  
 1-13/2022  
 Date

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# Course Fee Request /Modification

Course ID RNSG 2162 Course Title Clinical II - Nursing Transition from LVN  
 Department Nursing Course Credit Hours 1 Fee Amount \$ 15.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TLAB - Lab Fee

**For the Office of Business/Bursar Only:** Detail Code/FOAPAL  
*\*TBD indicates a new program awaiting a code assignment from the Office of Bursar.*

**Justification** (Supporting documentation attached:  Yes  No)  
 This lab fee is required to cover the cost of disposable medial lab supplies used by nursing students in this course.

- Select What Type of Fee Request (required)**
- Original approval request\*
  - Change to existing fee amount\*
  - Course designation change (no fee change)
  - Fee Termination Notice  
*\*Requires SVPCO and Board approval*

- Select What Type of Fee (required)**
- Course Lab Fee ( ≤ \$24)
  - Course Special Fee ( >\$24)
  - Pass-through Fee
  - Administrative Fee
  - Other (requires justification)

**Requestor:**  
 Betty Veasy, DNP, MBA, RN Digitally signed by Betty Veasy, DNP, MBA, RN  
Date: 2022.01.10 15:19:38 -06'00' 01/10/2022  
 Associate Dean; Director Name/Signature Date

**Approvals:**  
 Mark Smith Digitally signed by Mark Smith  
Date: 2022.01.10 16:09:47 -06'00' 01/10/2022  
 Dean Name/Signature Date

Mark Smith Digitally signed by Mark Smith  
Date: 2022.01.10 16:10:02 -06'00' 01/10/2022  
 Provost Name/Signature Date

Abe Johnson Digitally signed by Abe Johnson  
Date: 2022.01.13 08:46:13 -06'00' Date  
 Senior VP Campus Operations Name/Signature

- Instructions**
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### SAMPLE LAB FEES

SUPPLY	ITEM COST	AMOUNT USED PER CLASS PER SEMESTER	AMOUNT USED PER STUDENT	COST PER STUDENT
GLOVES	\$35 PER BOX	12 BOXES	.15 per student	\$5.25
IV FLUID	\$6 PER BAG	10 BAGS	.125 per student	0.75
DEMO DOSE	\$5 (AVERAGE PER VIAL)	10 VIALS	.125 per student	0.63
FOLEY CATHETER KIT	3.91 EACH	80 CATHETERS	1 per student	3.91
TUBING	\$5.97 PER TUBING SET	10 TUBING SETS	.125 per student	0.75
SAFETY SYRINGES	\$29.34 PER BOX	3 BOXES	3 syringes per student	1.10
INSULIN SYRINGES	\$19.78 PER BOX	3 BOXES	3 syringes per student	0.74
FOAMING HAND SANITIZER FOR BEDSIDE	\$15.15 PER CAN	5 CANS	.0625 per student	0.95
TEGADERM	\$69.89 PER BOX	2 BOXES	2 squares per student	1.75
<b>TOTAL</b>				<b>\$15.83</b>



# Course Fee Request /Modification

Course ID VNSG 2363 Course Title Clinical III- LVN Training  
 Department Nursing Course Credit Hours 3 Fee Amount \$ 11.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) FIN1 - Liability Ins.

**For the Office of Business/Bursar Only:** Detail Code/FOAPAL \_\_\_\_\_  
 \*TBD indicates a new program awaiting a code assignment from the Office of Bursar.

**Justification** (Supporting documentation attached:  Yes  No)  
 Liability insurance fee for clinical students in the program.

### Select What Type of Fee Request (required)

- Original approval request\*
- Change to existing fee amount\*
- Course designation change (no fee change)
- Fee Termination Notice

\*Requires SVPCO and Board approval

### Select What Type of Fee (required)

- Course Lab Fee ( ≤ \$24)
- Course Special Fee ( >\$24)
- Pass-through Fee
- Administrative Fee
- Other (requires justification)

### Requestor:

**Mark Smith** Digitally signed by Mark Smith Date: 2022.01.10 16:07:41 -06'00' 01/10/2022  
 Associate Dean; Director Name/Signature \_\_\_\_\_ Date

### Approvals:

**Mark Smith** Digitally signed by Mark Smith Date: 2022.01.10 16:07:55 -06'00' 01/10/2022  
 Dean Name/Signature \_\_\_\_\_ Date

**Mark Smith** Digitally signed by Mark Smith Date: 2022.01.10 16:08:10 -06'00' 01/10/2022  
 Provost Name/Signature \_\_\_\_\_ Date

**Abe Johnson** Digitally signed by Abe Johnson Date: 2022.01.13 08:44:07 -06'00' \_\_\_\_\_  
 Senior VP Campus Operations Name/Signature \_\_\_\_\_ Date

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# Course Fee Request /Modification

Course ID RSPT 2247 Course Title Specialties in Respiratory Care  
 Department Respiratory Care Course Credit Hours 2 Fee Amount \$ 20.00  
 Requested Implementation Date/Term Summer 2022 Fee Name\* (i.e., TLAB Lab Fee) TLAB - Lab Fee

For the Office of Business/Bursar Only: Detail Code/FOAPAL  
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Justification (Supporting documentation attached:  Yes  No)  
 This course is no longer offered and the replacement course does not have lab activities requiring the use of consumables.

### Select What Type of Fee Request (required)

- Original approval request\*
- Change to existing fee amount\*
- Course designation change (no fee change)
- Fee Termination Notice

\*Requires SVPCO and Board approval

### Select What Type of Fee (required)

- Course Lab Fee ( ≤ \$24)
- Course Special Fee ( >\$24)
- Pass-through Fee
- Administrative Fee
- Other (requires justification)

### Requestor:

Araceli L. Solis

Digitally signed by Araceli L. Solis  
DN: cn=Araceli L. Solis, o=Collin College, ou=Respiratory Care  
Program, email=asolis@collin.edu, c=US  
Date: 2022.01.11 11:37:33 -06'00'

01/11/2022

Associate Dean; Director Name/Signature

Date

### Approvals:

Michelle Millen, MSCPM, RHIA

Digitally signed by Michelle Millen, MSCPM, RHIA  
Date: 2022.01.11 16:17:26 -06'00'

Date

Dean Name/Signature

Mark Smith

Digitally signed by Mark Smith  
Date: 2022.01.11 16:28:13 -06'00'

01/11/2022

Provost Name/Signature

Date

Abe Johnson

Digitally signed by Abe Johnson  
Date: 2022.01.13 08:48:06 -06'00'

Date

Senior VP Campus Operations Name/Signature

### Instructions

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