Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:			EMSP-1355 Trauma Management			
Fee Name:			Lab Fe	ee		
Fee Amount:	\$24.00 Detail Code:				Bursar Office)	
Requested Imp	olementation Date o	r Term:	Fal	1 201810		
Justification fo	r fee (attach <i>applicable</i>	supporting documentation):				
for the increas		supplies. James Shiple		equest is to increase the feer r of EMS, conducted a calcul		
Select one:	Original approval r Change to existing Course Designation Fee Termination N	fee amount: n Change (no fee change):	X	as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:	201810	
Con	n's Name/Signature Of Instruction/Provo	st Name/Signature			10/14/2016 Date 10/21/16 Date	
Vice President	of Administration ar	d CFO (upon Board app	roval)		Date	

Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student... The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.

TEC, Subchapter B.54.0501(n): Students registered for a course or courses in art, architecture, drama, speech, or music where individual coaching or instruction is the usual method of instruction, shall pay a fee, in addition to the regular tuition, set by the governing board of the institution.

TEC, Subchapter E. 54.504: The governing board of an institution of higher education may fix the rate of incidental fees to be paid to an institution under its governance by students and prospective students and may make rules for the collection of the fees... The rate of an incidental fee must reasonable reflect the actual cost to the university of the materials or services for which the fee is collected.

Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or	Program: EMSP-1356	SP-1356 Patient Assessment & Airway Management				
Fee Name:		Lab Fe	Lab Fee			
Fee Amount:	\$24.00	Detail Code: TLab (assigned by Business/Bursar Office)				
Requested Imp	lementation Date or Term:	Fall	201810			
Justification for fee (attach applicable supporting documentation): These courses currently have a \$15 fee attached for lab supplies. The request is to increase the fee to \$24 to compensat for the increased cost in disposable supplies. James Shiplet, Coordinator of EMS, conducted a calculation and determine the cost for the supplies ranges between \$25-\$27.						
Select one:	Original approval request:	X	as of effective Date or Torrey	201810		
	Change to existing fee amount: Course Designation Change (no fee change): Fee Fermination Notice:		as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:	201810		
- Jon	of Instruction/Provost Name/Signature			10/14/2016 Date 10/21/14 Date		
Vice President	of Administration and CFO (upon Board appro	oval)		Date		

Texas Education Code (TEC) Citations for assessing fees:

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TEC, Subchapter E. 54.504: The governing board of an institution of higher education may fix the rate of incidental fees to be paid to an institution under its governance by students and prospective students and may make rules for the collection of the fees... The rate of an incidental fee must reasonable reflect the actual cost to the university of the materials or services for which the fee is collected.

Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or	Program: EMSP-:	1438 Introduc	tion to Advanced Practice				
Fee Name:		Lab Fee					
Fee Amount:	\$24.00	Detail Code:	Bursar Office)				
Requested Imp	lementation Date or Term:	Fall	201810				
Justification for	fee (attach applicable supporting documentation):						
to \$24 to comp	-1338. These courses currently have a \$15 ensate for the increased cost in disposable side determined the cost for the supplies ranges	supplies. Jame	s Shiplet, Coordinator of EM				
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	х	as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:	201810			
Approving Dea	of Instruction/Provost Name/Signature			0/14/2016 Date 10/21/16 Date			
Vice President	of Administration and CFO (upon Board app	roval)		Date			

Texas Education Code (TEC) Citations for assessing fees:

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-2143 Assessment Based Management					
Fee Name:			Lab Fee				
Fee Amount:	Fee Amount: \$24.00			Detail Code:(assigned by Business/	Russar Office)		
Requested Imp	olementation Date or	Term:	Fa	II 201810	oursur Office)		
		upporting documentation):					
for the increas		supplies. James Shiplet,		equest is to increase the fee r of EMS, conducted a calcul			
Select one:	Original approval re Change to existing f Course Designation		х	as of effective Date or Term: as of effective Date or Term:	201810		
	Fee Termination No			as of effective Date or Term:			
los	an's Name/Signature A dar test of Instruction/Provos	Name/Signature			D K TO C Date		
Vice President	of Administration and	d CFO (upon Board appro	oval)		Date		

Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student... The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title o	r Program:	EMSP-2206 Emergency Pharmacology				
Fee Name:		Lab Fee				
Fee Amount: \$24.00 Requested Implementation Date or Term:		Detail Code: TLo (assigned by Busines Fall 201810	A-13			
	or fee (attach applicable supporting documentation					
E. Warren	ew fee. The fee is directly related to the comes Shiplet, Coordinator of EMS, conducte \$27.					
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	as of effective Date or Tern as of effective Date or Tern as of effective Date or Tern	n:			
lon	of Instruction/Provost Name/Signature		10/21/16 Date			
Vice President	of Administration and CFO (upon Board ap	pproval)	Date			

Texas Education Code (TEC) Citations for assessing fees:

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-2305 EMS Operations				
Fee Name:		Lab Fe	e	Thab		
Fee Amount:	\$24.00		Deta	ail Code:	(Bursar Office)	
Requested Im	plementation Date or Term:	Fal	1 201810		22,021. 033,022,	
	or fee (attach applicable supporting documentation):					
	P-2338. These courses currently have a \$15 fe			•		
	pensate for the increased cost in disposable su d determined the cost for the supplies ranges I			et, Coordinator of El	vis, conducted a	
Calculation and	d determined the cost for the supplies ranges	between \$2	J-\$27.			
L					,	
Select one:	Original approval request:					
	Change to existing fee amount:	X	as of e	ffective Date or Term:	201810	
	Course Designation Change (no fee change):		as of e	ffective Date or Term:		
	Fee Termination Notice:			ffective Date or Term:		
Approvals: /		language				
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	mylorke				10/14/2016	
Approving Dea	an's Name/Signature				Date	
lan	Ol. Olardist				10/21/10	
Vice President of Instruction/Provost Name/Signature				——————————————————————————————————————	Date /	
U	O					
Vice President	of Administration and CFO (upon Board appro	oval)			Date	

Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student . . . The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or	Program:	EMSP-2330 Special Populations				
Fee Name:		Lab Fe	ee			
Fee Amount: \$24.00		Detail Code: TLab (assigned by Business/Bursar Office)				
Requested Imp	plementation Date or Term:	Fa	<u> 201810 </u>			
	r fee (attach applicable supporting documentation):					
for the increas	currently have a \$15 fee attached for lab suped cost in disposable supplies. James Shiple supplies ranges between \$25-\$27.					
Select one:	Original approval request:					
	Change to existing fee amount:	X	as of effective Date or Term:	201810		
	Course Designation Change (no fee change):		as of effective Date or Term:	****		
	Fee Termination Notice:		as of effective Date or Term:			
Approvals:						
	Im Onde			10/14/2016		
Approving Dea	n's Name/Signature			Date		
en	Of Oratest			10/21/16		
Vice President	of Instruction/Provost Name/Signature			Date /		
Vice President	of Administration and CFO (upon Board app	roval)		Date		

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-2444 Cardiology			
Fee Name:		Lab Fe	e		
Fee Amount:	\$24.00	Detail Code: TLa)			
Requested Imp	lementation Date or Term:	Fal	1 201810		
Justification for	fee (attach applicable supporting documentation):				
These courses	currently have a \$15 fee attached for lab sur	oplies. The re	quest is to increase the fee	to \$24 to compensate	
and the second s	ed cost in disposable supplies. James Shiplet, supplies ranges between \$25-\$27.	, Coordinator	of EMS, conducted a calcula	ation and determined	
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	х	as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:		
Approving Dea	n's Name/Signature			10/21/17/16	
0	of Instruction/Provest Name/Signature of Administration and CFO (upon Board appr	roval)		Date 10/21 14 16 1 1 1 1 1 1 1 1	

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		E	EMSP-2534 Medical Emergencies			
Fee Name:			Lab Fe	e		
Fee Amount:	\$24	.00	Detail Code: TLa (assigned by Business/			
Requested Imp	lementation	Date or Term:	Fal	I 201810		
		pplicable supporting documentation):				
to \$24 to comp	ensate for tl	se courses currently have a \$15 to the increased cost in disposable s I the cost for the supplies ranges	supplies. Jam	es Shiplet, Coordinator of El		
Select one:	Change to	proval request: existing fee amount: signation Change (no fee change): nation Notice:	x	as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:		
Approving Dea	1. Olart	gnature n/Provost Name/Signature			D / 14 / 2016 Date 10 / 21 / 16 Date	
Vice President of Administration and CFO (upon Board approval)					Date	

Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student . . . The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-1160 Clinical EMT			
Fee Name:	Name of the Control o	FISDAP			
Fee Amount:	\$50.00	Detail Code:			
Requested Imp	lementation Date or Term:	Fal	1201810	•	
	fee (attach applicable supporting documentation): quest form for EMSP-1501				
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change):		as of effective Date or Term: as of effective Date or Term:		
Jan (ree Termination Notice: In Superior Name/Signature of Instruction/Provost Name/Signature	X	as of effective Date or Term:	201810 (D) (4 ZO(6) Date Date	
Vice President	of Administration and CFO (upon Board appro	val)		Date	

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program: EMSP-1161 Clinical EMT Advanced I						
Fee Name:	FISDAP					
Fee Amount:	\$100.00 Detail Code: (assigned by Business/Bursar Office)					
Requested Impl	ementation Date or Term:	Fa	II 201810	,		
	fee (attach applicable supporting documentation): uest for EMSP-1438					
	Original approval request:					
	Change to existing fee amount:		as of effective Date or Term:			
	Course Designation Change (no fee change): Fee Termination Notice:	X	as of effective Date or Term: as of effective Date or Term:	201810		
Approvals:	n Dodge			10/14/2016		
Approving Dean'	s Name/Signature			Date		
lon (N. Vardest			10/21/16		
Vice President of	Instruction/Provost Name/Signature			Date /		
Vice President of Administration and CFO (upon Board approval) Date						

Texas Education Code (TEC) Citations for assessing fees:

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-1438 Introduction to Advanced Practice			
Fee Name:		FISC)AP		
Fee Amount:	\$140.00		Detail Code: NA	Burear Office	
Requested Im	plementation Date or Term:	F	Fall 201810	ursur Office)	
Justification fo	or fee (attach applicable supporting d	documentation):			
EMSP-1161 ar lab/clinical/pr Paramedic and	e is currently attached to clinicand EMSP-2160 (see termination acticum scheduler and document of from \$50 to \$80 for EMT; Collistication examples on the certification examples.	requests) and added to E entation program. FISDAP Ilin EMS absorbed the cos	EMSP-1438. FISDAP is an onling fees increased in 2015 from \$	e, secure testing 100 to \$140 for	
Select one:	Original approval request: Change to existing fee amoun		as of effective Date or Term: as of effective Date or Term:	201810	
Approving De	Fee Termination Notice:		as of effective Date or Term:	10/14/2016	
Vice President	of Instruction/Provost Name/S			Date Date	
Vice President	of Administration and CFO (upo	on Board approval)		Date	

Texas Education Code (TEC) Citations for assessing fees:

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title o	Program:	EMSP-1501 EMT Basic					
Fee Name:	FISDAP						
Fee Amount:	\$80.00	\$80.00 Detail Code: 1 A (assigned by Business/Bursar Office)					
Requested Implementation Date or Term:		Fa	II 201810	Bursar Ojjice)			
Justification fo	or fee (attach applicable supporting documentation)):					
(see terminati	e is currently attached to clinical EMSP-1160 on requests) and added to EMSP-1501. FISI ation program. FISDAP fees increased in 20	DAP is an onlin	ne, secure testing lab/clinical,	/practicum scheduler			
	MS absorbed the cost. Study tools are now						
certification ex	Original approval request:						
	Change to existing fee amount:	X	as of effective Date or Term:	201810			
	Course Designation Change (no fee change):	-	as of effective Date or Term:				
U	of Instruction/Provest Name/Signature		as of effective Date or Term:	10/14/2016 Date (10/21/16 Date			
Vice President		Date					

Texas Education Code (TEC) Citations for assessing fees:

TEC, Subchapter E.54.501: Laboratory Fees. An institution of higher education shall set and collect a laboratory fee in an amount sufficient to cover the general cost of laboratory materials and supplies used by a student... The laboratory charge shall not be more the \$24 for any one semester of summer term for any student in any one laboratory course, but shall not exceed the cost of actual materials and supplies used by the student.

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Submit completed form with supporting documentation to Bursar@collin.edu. Allow one to two months from date of submission for Board determination. Course fees must be approved prior to first day of registration.

Course Title or Program:		EMSP-2160 Clinical EMT Advanced III					
Fee Name:			FISDAP				
Fee Amount: \$100.00 Requested Implementation Date or Term:			Detail Code:				
			rai	1201010			
See change req		pplicable supporting documentation):					
Select one:		proval request: existing fee amount:		as of effective Date or Term:			
	=	ignation Change (no fee change):		as of effective Date or Term:			
	Fee Termin	ation Notice:	X	as of effective Date or Term:			
	A. A. of Instruction	n/Provist Name/Signature			10/21/16 Date		
Vice President of	Date						

Texas Education Code (TEC) Citations for assessing fees:

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