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	or Program:	Fire Scie	nce - FIRT 1342	
Fee Name:		Lab		
Fee Amount:	\$0.00		Detail Code:	
Trans.	plementation Date or Term: or fee (attach applicable supporting documentation):	Sprii	(assigned by Busines: ng 201620	s/Bursar Office)
This is course	is no longer offered. The lab fee was \$15. This	fee can be	removed.	
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	X	as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:	
Hai	n's Name/Signature Contraction/Provost Name/Signature		——————————————————————————————————————	71/3/15 Date 11/4/15 Date
Vice President	of Administration and CFO (upon Board approv	al)		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.

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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:	Fire Science - FIRS 1301					
Fee Name:		Lab Fee					
Fee Amount:	\$24.00	Detail Code: TLA (assigned by Business,	B. Warran Office				
Requested Imp	lementation Date or Term:	Fall 2016 (201710)	/Bursur Office/				
	fee (attach applicable supporting documentation):						
the second second	fee rate of \$15 was established over 10 years a santially since the fee was established. The curr		d consumables has				
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	X as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:					
Approvals:	Ally Om		10/30/15				
Approving Dear	Perry Remains I and the second of the second		10/30/15 Date				
	of Instruction/Provost Name/Signature		Date				
vice President o	of Administration and CFO (upon Board approve	aı)	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:	Fire Scien	nce - FIRS 1319		
Fee Name:		Lab Fe	e		
Fee Amount:	\$24.00		Detail Code: TLA 1 (assigned by Business)		
Requested Imp	lementation Date or Term:	Fall 20	16 (201710)		
Justification for fee (attach applicable supporting documentation): The current lab fee rate of \$15 was established over 10 years ago. The actual cost of disposables and consumables has increased substantially since the fee was established. The current cost is \$37.50/student.					
Select one:	Original approval request:				
	Change to existing fee amount: Course Designation Change (no fee change):	X	as of effective Date or Term:	Fall 2016 (201710)	
	Fee Termination Notice:		as of effective Date or Term: as of effective Date or Term:		
Approvals:	Aut O	-		3.1- I	
Approving Door	n's Name/Signature			10/30/15	
9	Herry Klunam)		11/4/15	
Vice President o	of Instruction/Provost Name/Signature			Date	
Vice President o	of Administration and CFO (upon Board approv	val)		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	or Program: Fire Science - FIRS 1433					
Fee Name:		Lab Fee				
Fee Amount:	\$24.00	Detail Code:	TLAB ed by Business/Bursar Office)			
Requested Imp	lementation Date or Term:	Fall 2016 (201710)	-			
Justification for fee (attach applicable supporting documentation):						
	fee rate of \$15 was established over 10 years antially since the fee was established. The cur					
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	X as of effective D as of effective D as of effective D				
Approvals:	Alley Um		10/30/15			
Approving Dear	I's Name/Signature/		Date 194/15			
	of Instruction/Provost Name/Signature		Date			
Vice President o	of Administration and CFO (upon Board approv	al)	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: SRC	GT-1441 Surgical Procedures I	
Fee Name:		Lab Fee	
Fee Amount:	\$24.00	Detail Code:	
Requested Impl	lementation Date or Term:	Fall 2016 (201710)	
Justification for	fee (attach applicable supporting documentation):		
required for thi	nt through a WECM course change; it was form s course did not change. They add up to over \$ masks, hair covers, shoe covers, surgical knife	660 per student. They include surgical	lab fee. The supplies gowns, surgical
Select one:	Original approval request: Change to existing fee amount: Course Designation Change (no fee change): Fee Termination Notice:	X as of effective Date or Term: as of effective Date or Term: as of effective Date or Term:	
Approvals:	Ally John		10/16/15
Approving Dear	n's Name/Signature		Date /1/4//5-
	of Instruction/Provost Name/Signature		Date
Vice President	of Administration and CFO (upon Board approv	al)	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: SRGT-1442 Surgical Procedures II							
Fee Name:		Lab Fee					
Fee Amount:	\$24.00		Detail Code:	0.50			
Requested Imp	(assigned by Business/Bursar Office) Requested Implementation Date or Term: Summer 2016 (201630)						
	fee (attach applicable supporting documentation						
required for th	nt through a WECM course change; it was is course did not change. They add up to o masks, hair covers, shoe covers, surgical l	over \$60 per st	udent. They include surgical				
(Course	designation effective S	pring 20	14. 201620.)				
Increase in fee amount requested effective for Summer 2010, 201630							
Select one:	Original approval request:						
	Change to existing fee amount:	Х	as of effective Date or Term:	201620			
	Course Designation Change (no fee change):		as of effective Date or Term:				
	Fee Termination Notice:		as of effective Date or Term:				
Approvals:	/ /						
	Ally John			10/16/15			
Approving Dear	's Name/Signature			Date			
Aleun Kluman 11/4/15							
Vice President o	of Instruction/Provost Name/Signature			Date			
Vice President o	of Administration and CFO (upon Board ap	proval)		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: DSAE 1	340 (Diagno:	stic Electrocardiography)			
Fee Name:		Lab Supp	lies			
Fee Amount:	\$24		Detail Code: TLA:			
Requested Imp	lementation Date or Term:	Sum	mer 2016			
	Justification for fee (attach applicable supporting documentation):					
Cost of necessa paper) totals \$4	ry disposable supplies used by each student i 19.98.	n lab exercis	es, practice and competend	ies (electrodes and		
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:			
Approvals:	4 -					
Sa	of Instruction/Provost Name/Signature			10/30/15 Date		
Vice President	of Administration and CFO (upon Board appro	oval)		Date		

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Course Title or	Program:	Micro	biology fo	r Health Professions	HPRS 1272		
Fee Name:			Lab Fee)			
Fee Amount:	10			Detail Code: TLA			
Requested Imp	lementation Date or Term:		Sprii	ng 2016	ess, bursur eyjreey		
Justification for fee (attach applicable supporting documentation): In response to Senate Bill 497, the Respiratory Care Program had to reduce its curriculum hours. Part of the curriculum							
changes involve and instruction	ed creating a special needs to for this course, was consulte plies as does BIOL 2420, ther	wo credit Microbiolo ed on supply usage b	ogy. The B by student	iology department, who s. This course utilizes th	o will provide lab space ne same equipment and		
Select one:	Original approval request: Change to existing fee amo Course Designation Change Fee Termination Notice:	<u> </u>		as of effective Date or Ter as of effective Date or Ter as of effective Date or Ter	rm:		
Approvals:	Au On						
	f Instruction/Provost Name				10/14/15 Date ///4//5		
Vice President o	of Administration and CFO (u	pon Board approval)		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: NURA 1301 (Nurse Aide for Health Care)						
Fee Name:	Lab Supplies					
Fee Amount:	\$24	Sum	Detail Code: TLAB (assigned by Business, amer 2016			
Requested Imp	lementation Date or Term:	Suiii	iller 2010			
Justification for	fee (attach applicable supporting documentation):	n lah ayansi	nes practice and sempeter	sias partaining to		
	rry disposable supplies used by each student int care totals \$51.48.	n lab exercis	ses, practice and competen	cies pertaining to		
residenty patier	it care totals \$31.40.					
Select one:	Original approval request: Change to existing fee amount:	Х	as of effective Date or Term			
	Course Designation Change (no fee change):		as of effective Date or Term.			
	Fee Termination Notice:		as of effective Date or Term.			
×	My Mane/Signature Merry & Turnam of Instruction/Provost Name/Signature			10/30/15 Date		
Vice President	of Administration and CFO (upon Board appro	oval)		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 I	Program:	PLAB 1323	3 (Phlebotomy)			
Fee Name:		Lab Supp	lies			
Fee Amount:	\$24		Detail Code: TLA (assigned by Business,			
Requested Impl	ementation Date or Term:	Sum	mer 2016			
Justification for fee (attach applicable supporting documentation): Cost of necessary disposable supplies used by each student in lab exercises, practice and competencies for phlebotomy						
Cost of necessa skills totals \$71		n lab exercis	es, practice and competent	cles for pillebotomy		
Select one:	Original approval request:	X				
	Change to existing fee amount:		as of effective Date or Term:			
	Course Designation Change (no fee change):		as of effective Date or Term:			
	Fee Termination Notice:		as of effective Date or Term:			
Approvals:	Athly Mm	*		10/30/15- Date		
Approving Dear	n's Name/Signature			Date		
Shu	n's Name/Signature			11/4/15		
	nstruction/Provost Name/Signature			Date		
Vice President	of Administration and CFO (upon Board appro	oval)		Date		

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Course Title or	Program: SRGT-12	71 Basic Sk	ills of Surgical Technology	
Fee Name:		Lab Fe	е	
Fee Amount:	\$24.00		Detail Code: TIAR (assigned by Business/b	
Requested Imp	lementation Date or Term:	Summer	2016 (201630)	
	fee (attach applicable supporting documentation):		and the second s	
This is a new co	ourse. The supplies for this course total over \$	100 per stu	dent.	
Select one:	Original approval request: Change to existing fee amount:	Х	as of effective Date or Term:	
	Course Designation Change (no fee change): Fee Termination Notice:		as of effective Date or Term:	201630
Approvals:	Alles Inha		as of effective Date or Term:	10/5/15
Ske	n's Name/Signature			10/5/15 Date ///4//5
	of Instruction/Provost Name/Signature of Administration and CFO (upon Board appro	val)		Date /

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