

Collin County Community College District Board of Trustees
 Consideration of Approval of Course Fees
 Effective as of Fall 2020

	Course	Course Title	Fee	Effective Term
Activity Care Professional	GERS 1160	Clinical - Liability Fee	\$13 - \$5	Fall 2020
	GERS 2160	Clinical - Liability Fee	\$13 - \$5	Fall 2020
	GERS 2161	Clinical - Liability Fee	\$13 - \$5	Fall 2020
Surgical Assistant	MCD A 1360	Clinical - Liability Fee	\$13 - \$5	Fall 2020
	MCD A 1417	Procedures in a Clinical Setting - Lab fee	\$24.00	Fall 2020
	MDC A 1542	Medical Asstistant Lab Procedure - Lab fee	\$24.00	Fall 2020
Veterinary	VTHT 1301	Introduction to Veterinary Technology - Lab fee	\$10.00	Fall 2020
	VTHT 2321	Veterinary Parasitology - Lab fee	\$10.00	Fall 2020

**Collin College
Fee Request for Board Approval and/or Fee Modification**

Course Title or Program: GERS 1160 Clinical - Gerontology

Fee Name: Liability Fee

Fee Amount: \$13 to \$5

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):

New program course liability fee for Activity Care Professional Certification. Fee covers liability insurance for students participating in clinical rotations. Amount is varied per semester as amount covers student for the entire year. Rates are established between the College's liability insurance and are subject to change. Current Fall charge \$13.00, Spring charge is \$9.00, and Summer charge is \$5.00

Select one from each list below:

- Original approval request (requires VP and Board approval) :
- Change to existing fee amount (requires VP Board approval) :
- Course Designation Change (no fee change):
- Fee Termination Notice:

Select one from list below:

- This is a course lab fee (<\$24):
- This is a course special fee (>\$24):
- This is a flow through fee:
- This is an administrative fee:
- Other (explain in justification block):

Approvals:

[Signature]
Requestor: Director or Associate Dean's Name/Signature

12/20/19
Date

[Signature]
Approver: Dean's Name/Signature

12.20.19
Date

[Signature]
Approver: Provost/Associate Vice President's Name/Signature

1/2/20
Date

[Signature]
Approver: Vice President's Name/Signature

1/3/20
Date

Instructions: Complete requested information, including detailed cost justification (attach second page if needed) and approving signatures through Provost approval. Email package to Bursar@collin.edu for detail code/accounting assignment (if needed). Requests for new fees or fee amount changes will be forwarded to appropriate Vice President for final approval and submission to Board. Fee requests should be submitted prior to the 5th of the month to be considered for Board agenda. Board determinations will be routed from submitting Vice President Office to Bursar to requesting dean. Departments are responsible for any necessary fee entries in Banner at course section level. Bursar Office forwards approvals to SES for Banner catalog input and Public Relations for registration guide updates.

Texas Education Code (TEC) Citations for assessing fees:
 TEC, Subchapter E.54.501: Laboratory Fees...shall not be more the \$24...
 TEC, Subchapter B.54.0501(n): Courses in art, architecture, drama, speech, or music where individual coaching or instruction is the usual method of instruction...
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 TEC, Chapter 130.084(b): Fees necessary for efficient operation of the college...

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Fee Request for Board Approval and/or Fee Modification**

Course Title or Program: GERS 2160 Clinical - Gerontology

Fee Name: Liability Fee

Fee Amount: \$13 to \$5

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):

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Fee Request for Board Approval and/or Fee Modification**

Course Title or Program: GERS 2161 Clinical - Gerontology

Fee Name: Liability Fee

Fee Amount: \$13 to \$5

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):
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**Collin College
Fee Request for Board Approval and/or Fee Modification**

Course Title or Program: MCDA 1360 - Clinical - Medical/Clinical Assistant

Fee Name: Liability Fee

Fee Amount: \$13 to \$5

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):

New program course liability fee for Medical Assisting Certification. Fee covers liability insurance for students participating in clinical rotations. Amount is varied per semester as amount covers student for the entire year. Rates are established between the College's liability insurance and are subject to change. Current Fall charge \$13.00, Spring charge is \$9.00, and Summer charge is \$5.00

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Approver: Dean's Name/Signature

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Collin College
Fee Request for Board Approval and/or Fee Modification

Course Title or Program: MDCA 1417 Procedures in a Clinical Setting

Fee Name: Lab Fee

Fee Amount: \$24

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):

New program lab fee for Medical Assistant Certification. Lab supplies to include exam gloves, laboratory exam kits (e.g. for pap smears), EKG electrodes, EKG paper, exam table paper, and disposable gowns and drapes.

Select one from each list below:

- Original approval request (requires VP and Board approval) :
- Change to existing fee amount (requires VP Board approval) :
- Course Designation Change (no fee change):
- Fee Termination Notice:

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12/20/19
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 Approver: Dean's Name/Signature

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[Signature]
 Approver: Provost/Associate Vice President's Name/Signature

11/2/20
 Date

[Signature]
 Approver: Vice President's Name/Signature

1/3/20
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 TEC, Chapter 130.084(b): Fees necessary for efficient operation of the college...

**Collin College
Fee Request for Board Approval and/or Fee Modification**

Course Title or Program: MDCA 1542 Medical Assistant Laboratory Procedure

Fee Name: Lab Fee

Fee Amount: \$24

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

Justification for fee (attach applicable supporting documentation):

New program lab fee for Medical Assistant Certification. Lab supplies to include exam gloves, alcohol, bandages, needles, vacutainer tubes, microscope slides, urinalysis supplies, quick strep kits.

Select one from each list below:

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- Change to existing fee amount (requires VP Board approval):
- Course Designation Change (no fee change):
- Fee Termination Notice:

Select one from list below:

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Collin College
Fee Request for Board Approval and/or Fee Modification

Course Title or Program: VTHT 1301 Introduction to Veterinary Technology

Fee Name: lab fee

Fee Amount: \$10.00

Detail Code/FOAPAL: _____ assigned by Business/Bursar Office

Requested Implementation Date or Term: Fall 2020

assigned by Business/Bursar Office

Justification for fee (attach applicable supporting documentation):

fee assessed to offset the cost of consumable lab supplies, waste disposal, and equipment.

Select one from each list below:

- Original approval request (requires VP and Board approval):
- Change to existing fee amount (requires VP Board approval)
- Course Designation Change (no fee change):
- Fee Termination Notice:

Select one from list below:

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- This is a pass-through fee:
- This is an administrative fee:
- Other (explain in justification block):

Approvals:

[Signature]
 Requestor: Director or Associate Dean's Name/Signature

12/17/19
 Date

[Signature]
 Approver: Dean's Name/Signature

1/2/20
 Date

[Signature]
 Approver: Provost/Associate Vice President's Name/Signature

1/2/20
 Date

[Signature]
 Approver: Vice President's Name/Signature

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 Date

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Collin College
Fee Request for Board Approval and/or Fee Modification

Course Title or Program: VTHT 2321 Veterinary Parasitology

Fee Name: lab fee

Fee Amount: \$10.00

Detail Code/FOAPAL: _____

Requested Implementation Date or Term: Fall 2020 assigned by Business/Bursar Office

Justification for fee (attach applicable supporting documentation):

fee assessed to offset the cost of consumable lab supplies, waste disposal, and equipment.

Select one from each list below:

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Approvals:

Tiffy A.
 Requestor: Director or Associate Dean's Name/Signature

12/17/19
 Date

[Signature]
 Approver: Dean's Name/Signature

1/2/20
 Date

Davey McRite
 Approver: Provost/Associate Vice President's Name/Signature

1/2/20
 Date

Tom P. [Signature]
 Approver: Vice President's Name/Signature

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