Course Title or	Program: DMSO 1201 Lab:Techniques of	Medical Sonography					
Fee Name:	Lab Fee						
Fee Amount:	\$24 Detail Code/FC	DAPAL:					
Requested Imp	olementation Date or Term: Spring 2021 (202120)	assigned by Business/Bursar Office					
Justification for	r fee (attach applicable supporting documentation):						
	ctic medical sonography course. Lab fee needed to cover lab supplies printer paper, transducer disinfectant spray, transducer gel, and example to the printer paper.						
Anticipated s Gel: \$130	supply cost for this course:						
Transducer d Exam gloves	disinfectant: \$40						
Sonographic	Paper: \$60						
Table disinfer (Enrollment is	ctant: \$50 s capped at 15 students. For this course, the lab supply cost would b	e approximately \$24 per student)					
L	Select one from each list below: Se	lect one from list below:					
		course lab fee (<\$24):					
	10 Mar	a course special fee (>\$24):					
	Course Designation Grange (no recentage).	pass-through fee:					
	ree remination votice.	an administrative fee:					
	Other (explain in justification block) :					
Approvals:							
Requestor Dir	Megan Chambers region or Associate Dean's Name/Signature	Date 2020					
aus	Michelle Millen	7.27.20					
Approver: Dea	n's Name/Signature	Date					
Approver: Pro	ovost/Associate Vice President's Name/Signature	7/29/20 Date					
4	2 0	1 (
Im	1 / July	05/21/8					
Approver: Vice	Approver: Vice President's Name/Signature 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 curriculum coordinator for Banner catalog input.

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Course Title or	Program: EMSP 1371	
Fee Name:	EMS Testing for EMT	
Fee Amount:	\$49.99	tail Code/FOAPAL:
Requested Imp	dementation Date or Term: 202120	assigned by Business/Bursar Office
EMS Testing for Students have software, Hono causing burder EMS Testing p	fee (attach applicable supporting documentation): or the EMT program provides an opportunity to maintain testing encountered numerous roadblocks and software compatibility or Lock, which has created undo stress in a testing environment to the students and professors. Whether the course is offered rovides a secure testing experience that can be utilized for all of an cohort needs. This program will be used by students in the	issues when utilizing our current testing security t. This issue was complicated during the shutdown in the classroom, online or hybrid setting, course exams and can be accessed on campus or
Approvals:	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 pass-through fee: This is an administrative fee: Other (explain in justification block): Date
Michelle Millen (Jul 23, 20) Approver: Dean	en 20 20 17 COT) o's Name/Signature	Jul 29, 2020
Approver: Prov	rost/Associate Vice President's Name/Signature	7/31/20 Date
Approver: Vice	President's Name/Signature	8 12 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 curriculum coordinator for Banner catalog input.

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Course Title or Program: EMSP.1438_		
Fee Name: EMS Testing for Paramedic		
Fee Amount: \$98.50	ail Code/FOAPAL:	
Requested Implementation Date or Term: 202120		assigned by Business/Bursar Office
Justification for fee (attach applicable supporting documentation):		
EMS Testing for the PM program provides an opportunity to maintain testing in Students have encountered numerous roadblocks and software compatibility in Honor Lock, which has created undo stress in a testing environment. Whether hybrid setting, EMS Testing provides a secure testing experience that can be campus or remotely based on cohort needs. This program will be used by studentification.	ssues when utilizing the course is offere utilized for all course	the testing security software, id in the classroom, online or e exams and can be accessed on
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:	This is a course This is a course This is a pass-th This is an admin	special fee (>\$24):
Approvals:		
8 in Mock		7/29/00
Requestor: Director or Associate Dean's Name/Signature	Date	2 ′
Michelle Millen (Jul 29, 2020 20.17 CDT)	Ju	l 29, 2020
Approver: Dean's Name/Signature Approver: Provost/Associate Vice President's Name/Signature	Date	7/31/20
Approver: Vice President's Name/Signature	Date	8/12/20

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 curriculum coordinator for Banner catalog input.

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Collin College

Fee Request for Board Approval and/or Fee Modification

Course Title or	Program:		51438					
Fee Name:	Reel	Dx	Param	edic Sce	enarios			
Fee Amount:	\$70.0)0			Deta	il Code/FOAPAL:		
Requested Imp	lementatio	n Date o	or Term: 202	2120			assigned by Busin	ess/Bursar Office
Justification for	r fee (attach	applicable	supporting docu	ımentation):				
situations. The treatment outco pandemic, thes nurses and par	ese patient i omes and l se video int ramedics a t down as i	narratives key clinic eractions s well as t can be	s, delivered ef al reasoning in s with real pati from the patie	fectively using r n more than 1,0 ents provide ou ents themselves	nedical video ca 00 topics. As we r students with t . Reel DX would	ase vignettes inclu e struggle to secur the opportunity to d be of critical impo	patient stories in real de patient history, d re clinical sites due t learn from practicing ortance in the event all Paramedic stude	agnoses, o the doctors, that the
Annousle	Original a	pproval pexisting esignation	g fee amount (on Change (no f	res VP and Board (requires VP Boar	-	This is a course This is a course This is a pass-th This is an admir	special fee (>\$24): rough fee:	✓ ✓
Approvals:			,				-/-/	
Requestor: Dir	ector or As	sociate [Dean's Name/s	Signature		Date	4/29/20	
Michelle Millen (Jul 29, 20	20 20 17 CDT)	1			The second secon		l 29, 2020	
Approver: Dear	1			, (A)		Date	7/31/20	>
Approver: Prov	vost/Associ	ate Vice	President's N	ame/Signature		Date	9	
Approver: Vice	President	s Name/	'Signature			Date	05/5/1	-

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 curriculum coordinator for Banner catalog input.

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Course Title or	Program: EMSP1438 Introduction	to Advance	Practices	
Fee Name:	Platinum Planning Paramedic			
Fee Amount:	\$85.00	Detail Code/FOAPAL:	TSPF	
Requested Implementation Date or Term: 202120			assigned by Business/Bursar Office	
Justification fo	r fee (attach applicable supporting documentation):			
save money for	idating our EMS testing, scheduling, student documentation, or the student and the department and will provide a more use FISDAP fee for the program we are using now which is set	er friendly platform for		
	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:	This is a course This is a course This is a pass-th This is an admin	special fee (>\$24): rough fee:	
Approvals:				
Paguastari Di	in mock		7/27/20	
Approver: Dea	rector or Associate Dean's Name/Signature n's Name/Signature vost/Associate Vice President's Name/Signature	Date 7 Date	7/29/20	
Im	e President's Name/Signature		1/12/20	

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Course Title or Program: EMSP1501	Emergency Me	edical Tec	:hnician - E	3asic
Fee Name: Platinum Plannin	g EMT			
Fee Amount: \$30.00	Detai	il Code/FOAPAL:	TSPF	
Requested Implementation Date or Term: 202		# # # # # # # # # # # # # # # # # # #	assigned by Business/Bursar Office	
Justification for fee (attach applicable supporting docum	nentation):			
This is replacing FISDAP fee for EMT classes, wh patient documentation.	nich is currently \$80.00. This w	vill be used for sch	eduling labs, clinical	ls and
Select one from each list be Original approval request (require Change to existing fee amount (re Course Designation Change (no fee Fee Termination Notice:	es VP and Board approval) : equires VP Board approval)	This is a course I This is a course s This is a pass-thr This is an admin	special fee (>\$24): ough fee:	√
Approvals: Requestor: Director or Associate Dean's Name/Si	gnature	Date	1/27/20	
Approver: Dean's Name/Signature		Date	7/29/20	
Approver: Provost/Associate Vice President's Nan Approver: Vice President's Name/Signature	me/Signature	Date Date	(12)20	

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Course Fees

Final Audit Report

2020-07-30

Created:

2020-07-29

By:

Cassie Peak (cpeak@collin.edu)

Status:

Signed

Transaction ID:

CBJCHBCAABAA91E6JYtsGYhuaqcQcrtOzmimKVQk5EDg

"Course Fees" History

- Document created by Cassie Peak (cpeak@collin.edu) 2020-07-29 8:27:14 PM GMT- IP address: 192.231.40.125
- Document emailed to Michelle Millen (mmillen@collin.edu) for signature 2020-07-29 8:28:09 PM GMT
- Email viewed by Michelle Millen (mmillen@collin.edu) 2020-07-29 10:01:08 PM GMT- IP address: 72.176.254.174
- Document e-signed by Michelle Millen (mmillen@collin.edu)

 Signature Date: 2020-07-30 1:17:29 AM GMT Time Source: server- IP address: 72.176.254.174
- Signed document emailed to Cassie Peak (cpeak@collin.edu) and Michelle Millen (mmillen@collin.edu) 2020-07-30 1:17:29 AM GMT

Course Title or	Program:	PTHA 1409	3 Introduct	tion to Ph	ysical Ther	apy
Fee Name:	Lab	Fee				
Fee Amount:	\$24			Detail Code/FOAPA	d:	
Requested Imp	lementatio	n Date or Term: Spring	2021 (202120	3)	assigned by Busine	ss/Bursar Office
Justification fo	r fee (attach	applicable supporting docume	ntation):			
	(exam g	ee for Rehabilitation loves, face masks,				
	Original a Change to Course De	ct one from each list belo pproval request (requires to existing fee amount (requestion) esignation Change (no fee change)	VP and Board approval) : uires VP Board approval,	This is a court This is a court This is a pass- This is an adn	ne from list below: se lab fee (<\$24): se special fee (>\$24): through fee: ninistrative fee: in justification block):	V
Approvals: Reguestor: Dir	rector or As	sociate Dean's Name/Sign	Michael Co	777	7/24/2020 ate	
Approver: Dea	n's Name/S	ignature	Michelle Mi	TOWNS TO THE PARTY TO THE PARTY TOWNS TO THE PARTY TOWN TOWNS TOWN TO THE PARTY TOWN TOWN TOWN TOWN TOWN TO THE PARTY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO THE PARTY TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	7,27.20	MONTH OF THE PROPERTY OF THE P
Approver: Pro	vost/Associ	ate Vice President's Name	:/Signature	Da	7/29/20 ate	Mark San Mark San
Y m	PDu				8 120	
Approver: Vice	e President'	s Name/Signature		Da	ite '	
Instructions: (omplete req	uested information, includin	g detailed cost justification	on (attach second pag	e if needed) and approving	

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