Lake-Sumter State College
Lab or Other Fee Approval Form

Check one:
☐ **Lab Fee** ☐ **Other Fee**

Check one:
☐ Annual Review of Fee (No Changes) ☐ Adjust Existing Fee ☐ New Fee ☐ Delete Fee

Course Organizational (Org) Number: _____

Course Prefix, Number, and Title: _____

Current Fee Amount: $ _____ New Proposed Fee Amount: $ _____

Effective Date/Semester of Fee Changes: _____

Justification: *(List anticipated per-student cost and attach ALL supporting documentation)*

	Cost:
Materials & Supplies:	
•	$
•	$
•	$
•	$
•	$
•	$
•	$
•	$
•	$
•	$
Services & Labor:	
•	$
•	$
	$
Liability Insurance:	
	$
•	$
TOTAL	**$**

Originator: _____

Dean/Associate Dean: _____ Date: _____