



Arkansas State University
New Program/Tuition and Fees Change Form

>>Department Information

Department: _____ **Contact:** _____

Contact E-mail: _____ **Contact Phone:** _____

☐ **New Program** **Name:** _____

Will differential tuition be charged: ☐ **Yes** ☐ **No** **Tuition amount:** _____

*Please attach UCC/Grad School Proposals

☐ **New Course** **Subject/Course Number:** _____

New Course Fee Name: _____

Will differential rate be charged: ☐ **Yes** ☐ **No** **Rate amount:** _____

*Please attach UCC/Grad School Proposals

☐ **Program Tuition Change** **Name:** _____

*Please attach Board of Trustees Resolution

New Tuition Amount: _____

☐ **Course Fee Change** **Subject/Course Number:** _____

New Course Fee Name: _____

*Please attach Board of Trustees Resolution if rate has changed

Rate amount: _____

>>Finance Information

Does the new Tuition or Fee require new accounting (Please provide below): ☐ **Yes** ☐ **No**

Accounting Distribution

Detail Code	Fund Title	FUND	ORGN	ACCT	PROG

>>Required Signatures

Contact: _____ **Date:** _____

Chair: _____ **Date:** _____

Dean: _____ **Date:** _____

VCARR: _____ **Date:** _____

Board of Trustees Approval: _____ (Yes/No) **Date:** _____

VC Finance: _____ **Date:** _____

Student Accounts: _____ **Date:** _____

*****ALL INFORMATION IN BOLD MUST BE COMPLETED OR THE FORM WILL BE RETURNED TO THE DEPARTMENT*****

For all questions please contact the Treasurer's Office - Technology Services

Treasurer's Office | P.O. Box 2640, State University, AR 72467 | o: 870-972-2285 | f: 870-972-3068