Office of the Registrar
UNIVERSITY OF GEORGIA

New Application for Course/Lab Material Funding

University of Georgia
Office of the Registrar
Holmes-Hunter Academic Building
Athens, Georgia 30602

School/College/Unit *

Department *

Program *

CONTACT INFORMATION

Name of Person Completing this Form *

Campus Address *

Campus Phone Number *

Email Address *

NOTE: In order to use this application, the lab or supply funding must meet the criteria established in the policy for Course/ Lab Materials Funding: Academic Affairs Policy Statement No. 01.04.003. A lab/supply funding budget is also required.

Requested Funding Amount per Student *

COURSE 1

Course (Prefix, Number, Title)*

Semester Offered *

Location *

Account Code *

Fund *

Program *

Department *

Class *

Operating Unit *

Chartfield 1 *

COURSE 2

Course (Prefix, Number, Title)

Semester Offered

Location

Account Code

Fund

Program

Department

Class

Operating Unit

Chartfield 1

NOTE: Please enter the chartstring the funds will be deposited into each time the course is offered. The amount provided to the unit will be based on the enrollment in the course sections (enrollment multiplied by the approved lab/ supply funding amount). These funds will be distributed by the University Budget Office to the unit's chartstring following the last day of drop/add for the semester. If additional space is needed, please attach a separate sheet.

INDIVIDUAL RESPONSIBLE FOR RECONCILING ACCOUNTS LISTED ABOVE

Name *

Phone Number *

Email Address *

Description of why course/lab material funding is required for this course: *

APPROVAL/DENIAL

Department Head's Signature *

Date *

Dean's Signature *

Date *

NOTE: After approval by the department head and dean, please submit the form to the Office of the Registrar at capa@uga.edu. The Office of the Registrar will submit the request to the Vice President for Instruction for consideration.

Vice President for Instruction's Signature *

Date *

COURSE/LAB MATERIAL BUDGET

School/College/Unit *

Department *

Program *

Course(s) *

Expected Enrollment *

Requested Funding (per student) *

Total Revenue *

Content/Supplies Needed	Cost

Total Cost *

Description (if necessary, attach a separate sheet) *

OFFICE USE ONLY

☐ Request Approved ☐ Request Denied Denial Reason:

System Updated By: Date: