



School/College/Unit *

Department *

Program *

CONTACT INFORMATION

Name of Person Completing this Form *

Email Address *

Campus Address *

Campus Phone Number *

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.

Remove funding amount? *

Yes

No

Decrease funding amount (per student) from:

To:

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 *
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Description of why the course/lab material funding amount is to be decreased or no longer needed for this course: *

APPROVAL/DENIAL

_____ Department Head's Signature *	_____ Date *
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_____ Dean's Signature *	_____ Date *
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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 *
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COURSE/LAB MATERIAL BUDGET

School/College/Unit *

Department *

Program *

Course(s) *

Expected Enrollment *

Requested Funding (per student) *

Total Revenue *

Content/Supplies Needed

Cost

Content/Supplies Needed

Cost

Content/Supplies Needed

Cost

Content/Supplies Needed

Cost

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: