UNIVERSITY OF GEORGIA
Office of the Registrar

Decrease or Remove Existing Course/Lab Material Funding

School/College/Unit: _____

Department: _____

Program: _____

Contact Information

Name of person completing this form: _____

Campus Address: _____

Campus Phone Number: _____

Email Address: _____

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. 4.07-04. A lab/supply funding budget is also required.

Remove funding amount: (Yes/No)

Decrease funding amount: from: $ _____ to $ _____ *Include Revised Budget*

(per student)

List prefix, course numbers and course titles for all courses for which you are requesting removal or decreased funding:

_____ _____ _____

Course **Semester Offered** **Location**

_____	_____	_____	_____	_____	_____	_____
Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1

_____ _____ _____

Course **Semester Offered** **Location**

_____	_____	_____	_____	_____	_____	_____
Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1

**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.*

Office of the Registrar

Decrease or Remove Existing Course/Lab Material Funding (continued)

Individual Responsible for Reconciling Accounts Listed Above:

Name: _____ Phone: _____ Email: _____

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Approval/Denial

Department Head: _____ Date: _____

Dean: _____ Date: _____

Vice President for Instruction: _____ Date: _____

Approved: _____ Denied: _____ Date: _____

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.

If you have any questions about the Course/Lab Materials Funding Application process, please contact the Office of the Registrar at capa@uga.edu or 706-542-6358.

Clear Form

Print Form

UNIVERSITY OF GEORGIA
Office of the Registrar

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)