

New Application for Course/Lab Material Funding

School/College/	Jnit:					
Department:						
Program:						
Contact Inform	ation					
Name of person	completin	g this form:				
Campus Address	::					
Campus Phone N	Number:					
E-mail Address:						
						he policy for Course dget is also required
Requested fundi	ng amoun	t per student	\$			
List prefix, cours	e numbers	, and course title	s for the cour	ses for which	you are reques	ting funding:
Course	_	Semester Offere	d	Location		
Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1
Course	_	Semester Offere	d	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 New Application for Course/Lab Material Funding (continued)

Individual Responsible for Reconciling Accounts Listed Above:						
Name:	Phone:	Email:				
	16 11	16				
Description of why course/lab materia	al funding is required	d for this course:				
	Approval/De	nial				
Department Head:		Date:				
Dean:		Date:				
Vice President for Instruction:						
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.



Course/Lab Material Budget

School/College/Unit:			
Department:			
Program:			
Expected Enrollment:	Requested Funding: (per student)	Total Revenue:	
Co		Cost	
		Total Cost	
_			
Des	scription (if necessary, attach a sepa	rate sheet)	