

## **Decrease or Remove Existing Course/Lab Material Funding**

Schoo	I/College/Unit: _						
Depar	tment:						
Progra	am:						
Conta	act Information						
Nar	me of person com	pleting th	is form:				
Cam	npus Address:						
Cam	pus Phone Numb	er:					
Ema	nil Address:						
Remov Decrea	er to use this applica ials Funding: Acade we funding amour ase funding amou	mic Affairs at: (Yes/No	Policy Statement	t No. 4.07-04. A	lab/supply funa	ling budget is als	
(per st	•	ers and co	urse titles for a	all courses for v	vhich you are		noval or decrease
funding					•	, ,	
	Course	· <u>-</u>	Semester Offere	 ed	Location	- <del></del>	
	Account Code	Fund	Program	Department	Class	Operating Unit	Chartfield 1
_	Course		Semester Offere	 ed	Location		
	Account Code	Fund	Program	 Department	Class	Operating Unit	Chartfield 1

<sup>\*</sup>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 Reconcil	ing Accounts Listed Abo	ove:	
Name:	Phone:	Email:	
Description of why the course/lab course:	material funding amou	nt is to be decreased or no longer	needed for this
	Approval/D	enial	
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.



## Course/Lab Material Budget

Department:  Program:  Course(s):  Expected Enrollment:  (per student)  Content/Supplies Needed  Total Cost  Total Cost			
Expected Enrollment: Requested Funding: Total Revenue: (per student) Content/Supplies Needed Cost			
(per student)  Content/Supplies Needed Cost			
Expected Enrollment: Requested Funding: Total Revenue: (per student)			
(per student)  Content/Supplies Needed Cost			
	Total Revenue:		
Description (if necessary, attach a separate sheet)			