

WICHITA STATE UNIVERSITY | MARKET-BASED TUITION REQUEST (MBT)

Complete a separate form for each course (CRN)

Email completed forms to provost@wichita.edu

Date: _____

Term: FALL SPRING SUMMER

Requester: _____ Requester's Email: _____@wichita.edu

COURSE INFORMATION:

Course Number: _____ Course Title: _____

Credit hours: _____ Start Date: _____ End Date: _____

[Part of Term Code](#): _____ use the [part of term code](#) link for assistance.

Class Time(s): _____ AM PM to _____ AM PM Class Day(s): M T W R F S U

Course Location: _____ Instructional Method: _____

Quota: _____

Instructor: _____ Instructor WSU ID: _____

Academic Affairs will return the MBT Request when information is missing.

Proposed Tuition Distribution

Proposed Fee: \$ _____ per credit hour per student

Department	Fund	Org	Amount	Unit (per credit hour)	Unit (per student)

Purpose (What is the purpose of the proposed MBT course?)

Strategic Benefit (How does this request align with WSU Strategic Goals?)

Additional Information:

Department Chair/Director: _____ Approved Not Approved Date: _____

Dean: _____ Approved Not Approved Date: _____

Provost/AA: _____ Approved Not Approved Date: _____

A CRN will be assigned by the registrars' office after the form is complete & approved by Academic Affairs.