

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 [CE S](#) } ([S](#) link for assistance

ClassTime(s) _____ AM PM to _____ AM PM ClassDay(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):