



STUDENT FINANCIAL SERVICES AND CASHIERING

Campus Address: Lee Building College Park, MD 0742

Fax # (301) 314-9098

COURSE CHARGE PROCESSOR INITIATION FORM

Department/Unit:				
Effective Year (YYYY):		Effective Term Code:		
Request Type:	New	Revise	Delete	
<u>Transaction Code Information</u>				
Charge Code:	Charge Code Name:			
(Optional)	Company ID	Driver Worktag	Operational Worktag	Ledge Account
Workday Finance Account Information :				
Charge Amount(\$):	Per Credit		Fixed Rate	
Purpose (Provide specific criteria such as course requirements, majors, sections, waivers, etc., for the application of charge code.):				
For Revise/Delete Request, provide the original CCP specification by pasting in the below or attaching a separate document. Original CCP Charge Specification:				
Request By:		Date:	Signature	
Department Head:		Date:	Signature	