



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:		
<i>(Optional)</i>	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