



STUDENT FINANCIAL SERVICES AND CASHIERING

Campus Address: Lee Building College Park, MD 20742

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