University of Illinois at Urbana-Champaign **DEPARTMENT OF THEATER**

LEVEL21 Tuition Differential Request Form

To be eligible for funding, this request form must be filled out completely and accurately.

submitted by: _____ *Date* _____

LEVEL21 program _____ *Course or Activity Title* _____

Needed for: _____ Fall Semester _____ Spring Semester _____ both terms

Program Priority (1, 2, or 3) _____

Program Chair Signature _____

Cost (accurate quote) _____

Item Description (including use, location, etc.):

Rationale (why the item is needed, benefit gained, etc.):

Consequence of non-funding:

Cost Estimate

material	*cost*	*vendor*	*purpose*
TOTAL COST			

Approved_____ **Amount Approved**_____

Approved by: _____ **Date** _____

Denied_____