

University: \_\_\_\_\_ College/School: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Both Graduate Undergraduate

Resident: \_\_\_\_\_ Proposed Fee \_\_\_\_\_ Effective Date: \_\_\_\_\_  
(this field you may enter other option just by typing it in box)

Non-Resident: \_\_\_\_\_ Proposed Fee \_\_\_\_\_ Effective Date: \_\_\_\_\_  
(this field you may enter other option just by typing it in box)

Other Applicable Fees in School/Program	Resident:	Non-Resident:
Applicable Differential Tuition:	_____	_____
Number of classes within the program with a fee:	_____	_____
Percent of classes within the program with a fee:	_____	_____

**Purpose** (Please provide a brief statement detailing the purpose of the tuition, including the anticipated expenditures of tuition revenue and benefits the tuition will provide students.)

**Justification** (Please provide a brief statement on what the proposal is intended to pay for and how much of the costs will be covered by the incremental revenue)

**Student Consultation** (Please describe the method and outcomes of student consultation)

