University: _____     College/School: _____

Department: _____     Program: _____

Both          Graduate          Undergraduate

**Resident:**

| Current Rate | Proposed Rate | Effective Date: |
|---|---|---|
| | | (this field you may enter other option just by typing it in box) |

**Non-Resident:**

| Current Rate | Proposed Rate | Effective Date: |
|---|---|---|
| | | (this field you may enter other option just by typing it in box) |

**Differential Tuition History:**                                  Most Recent Date & Change to fee (Date/Amount)

Resident:
Date Tuition Established          and original amount _____                          _____

Most Recent Date & Change to fee (Date/Amount)

Non-Resident:
Date Tuition Established          and original amount _____                          _____

**Other Applicable Fees in College/School**          Resident:          Non-Resident:

Number of programs with a fee within the same college:          _____          _____

Percent of programs with a fee within the same college:          _____          _____

Number of classes within the college with a fee:          _____          _____

Percent of classes within the college 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)

**MARKET PRICING**

| Institution | Degree | Annual Price | | |
| --- | --- | --- | --- | --- |
| | | Resident | Nonresident | Online |
| | | | | |
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**BUDGET**

Financial Aid Set Aside (FSA) Amount: _____

Proposed Annual Revenue

| | | |
| --- | --- | --- |
| Differential Tuition | $ | |
| Number of Students | # | |
| **Total Revenue** | = | |

Proposed Annual Expenditures

| | | |
| --- | --- | --- |
| Financial Aid Set Aside | $ | |
| Administrative Service Charge | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| **Total Program Costs** | = | |