PROGRAM FEE REQUEST - CHANGE TO EXISTING

ARIZONA BOARD OF REGENTS
ASU ◆ NAU ◆ UA

University: _____ College/School: _____

Department: _____ Program: _____

    Both   Graduate   Undergraduate

Resident:

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

Non-Resident:

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

Program Fee History:
                                                    Most Recent Date & Change to fee (Date/Amount)
  Resident:
  Date Fee Established   and original amount _____   _____

                                                    Most Recent Date & Change to fee (Date/Amount)
  Non-Resident:
  Date Fee Established   and original amount _____   _____

Other Applicable Fees in School/Program   Resident: Non-Resident:

  Applicable differential tuition amount: _____   _____

  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 fee, including the anticipated expenditures of fee revenue and benefits the fee will provide students. Include an explanation of the additional benefits funded by the increase.)

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

BUDGET

Financial Aid Set Aside (FSA) Amount: _____

Proposed Annual Revenue

Program Fee Amount	$	
Number of Students	#	
Total Revenue	=	

Proposed Annual Expenditures

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