ARIZONA BOARD OF REGENTS
ASU ◆ NAU ◆ UA

PROGRAM FEE REQUEST - NEW

University: _____ College/School: _____

Department: _____ Program: _____

Both   Graduate   Undergraduate

Resident:

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

Non-Resident:

_____ Effective Date: _____
Proposed Fee   (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)

MARKET PRICING

Institution	Degree	Annual Price		
		Resident	Nonresident	Online

BUDGET

Financial Aid Set Aside (FSA) Amount: _____

Proposed Annual Revenue

Program Fee	$	
Number of Students	#	
Total Revenue	=	

Proposed Annual Expenditures

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