ARIZONA BOARD O REGENTS ASU + NAU + U	-	PROGRAM FEE REQUEST - CHANGE TO EXISTING						
University:		College/School:						
Department:			Program:					
Both	Graduate	Und	lergraduate					
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)				
Program Fee I	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 Applica	ble Fees in School/Pro	gram	Resident:	Non-Resident:				
Applicable diffe	erential tuition amount:							
Number of clas	ses within the program wi	th a fee:						
Percent of class	ses within the program wit	h 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	Dograa	Annual Price		
	Degree	Resident	Nonresident	Online

BUDGET

Financial Aid Set Aside (FSA) Amount:

Proposed Annual Revenue

Program Fee Amount/Fiscal Year \$		
Number of Students	#	
Total Revenue		

Proposed Annual Expenditures

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