

University: \_\_\_\_\_ College/School: \_\_\_\_\_  
 Class Number: \_\_\_\_\_ Department: \_\_\_\_\_  
 Class Title: \_\_\_\_\_  
 Both Graduate Undergraduate

Fee Amount: \_\_\_\_\_  
 \_\_\_\_\_ Effective Date of Change:  
 Current Rate Proposed Rate (this field you may enter other option just by typing it in box)

Class Fee History:  
 Date Established \_\_\_\_\_ and original amount \_\_\_\_\_  
 Most Recent Date and Change to fee (Date/Amount) \_\_\_\_\_

Other Applicable Fees in College/School  
 Number of existing class fees in the same department: \_\_\_\_\_  
 Associated Program Fees: \_\_\_\_\_  
 Associated Differential Tuition: \_\_\_\_\_

**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)

**Proposed Annual Revenue**

Class Fee Amount	\$	
Number of Students	#	
<b>Total Revenue</b>	=	

**Proposed Annual Expenditures**

	\$	
	\$	
	\$	
	\$	
<b>Total Program Costs</b>	=	