

University: _____ College/School: _____

Department: _____ Program: _____

Both Graduate Undergraduate

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

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

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)

