



# PROGRAM FEE REQUEST - CHANGE TO EXISTING

University: \_\_\_\_\_ College/School: \_\_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

Both Graduate Undergraduate

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

