



PROGRAM FEE REQUEST - NEW

Rev 2-19-18

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)

