

PROGRAM FEE REQUEST - NEW Rev 2-19-18

University:			College/School:			
Department:			Program:			
Both	Graduate	Un	dergraduate			
Resident:						
			Proposed Fee	Effective Date: (this field you may enter other option just by typing it in box)		
Non-Resident:						
			Proposed Fee	Effective Date: (this field you may enter other option just by typing it in box)		
Other Applicab	le Fees in School/Pro	ogram	Resident:	Non-Resident:		
Applicable Differ	ential Tuition:					
Number of class	es within the program w	ith a fee:				
Percent of classe	es within the program wi	th a fee:				
	ease provide a brief state cremental revenue)	ement on w	what the proposal is int	ended to pay for and how much of the costs will be		
Student Consul	ltation (Please describe	the metho	od and outcomes of stu	dent consultation)		

MARKET PRICING

Institution	Degree	Annual Price		
institution		Resident	Nonresident	Online

3U	DGET		
Fir	nancial Aid Set Aside (FSA) Amount:		
Р	roposed Annual Revenue		
	Program Fee	\$	
	Number of Students	#	
	Total Revenue	=	

Proposed Annual Expenditures

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