

## PROGRAM FEE REQUEST - NEW

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

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

Both      Graduate      Undergraduate

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 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)

