

University: _____ College/School: _____

Department: _____ Program: _____

Both
 Graduate
 Undergraduate

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

Other Fee History:

Date Established _____ and original amount _____

Most Recent Date and Change to fee (Date/Amount) _____

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)

Proposed Annual Revenue

Other Fee Amount	\$	
Number of Students	#	
Total Revenue	=	

Proposed Annual Expenditures

Administrative Service Charge	\$	
	\$	
	\$	
	\$	
Total Expenditures	=	