

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 | = | |