

CLASS FEE REQUEST - CHANGE TO EXISTING

Rev 2-19-18

University: _____ College/School: _____
 Class Number: _____ Department: _____
 Class Title: _____
 Both Graduate Undergraduate

Fee Amount:

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

Class Fee History:

Date Established _____ and original amount _____

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

Other Applicable Fees in College/School

Number of existing class fees in the same department: _____

Associated Program Fees: _____

Associated Differential Tuition: _____

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)

Proposed Annual Revenue

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

Proposed Annual Expenditures

Administrative Service Charge	\$	
	\$	
	\$	
	\$	
Total Program Costs	=	