University: _____ College/School: _____

Class Number: _____ Department: _____

Class Title: _____

Both   Graduate   Undergraduate

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

Fee Context

Number of existing class fees within the same department: _____

Associated Program Fee: _____

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	=	