



DIFFERENTIAL TUITION - CHANGE TO EXISTING

Rev 2-19-18

University: _____ College/School: _____

Department: _____ Program: _____

Both Graduate Undergraduate

Resident:

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

Non-Resident:

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

Differential Tuition History:

Most Recent Date & Change to fee (Date/Amount)

Resident:

Date Tuition Established _____ and original amount _____

Most Recent Date & Change to fee (Date/Amount)

Non-Resident:

Date Tuition Established _____ and original amount _____

Other Applicable Fees in College/School

Resident:

Non-Resident:

Number of programs with a fee within the same college: _____

Percent of programs with a fee within the same college: _____

Number of classes within the college with a fee: _____

Percent of classes within the college 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)

MARKET PRICING

Institution	Degree	Annual Price		
		Resident	Nonresident	Online

BUDGET

Financial Aid Set Aside (FSA) Amount: _____

Proposed Annual Revenue

Differential Tuition	\$	
Number of Students	#	
Total Revenue	=	

Proposed Annual Expenditures

Financial Aid Set Aside	\$	
Administrative Service Charge	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Program Costs	=	