

PROGRAM FEE REQUEST - CHANGE TO EXISTING

University: _____ College/School: _____

Department: _____ Program: _____

Both Graduate Undergraduate

Resident:

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

Non-Resident:

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

Program Fee History:

Resident:		Most Recent Date & Change to fee (Date/Amount)
Date Fee Established	and original amount _____	_____
Non-Resident:		Most Recent Date & Change to fee (Date/Amount)
Date Fee Established	and original amount _____	_____

Other Applicable Fees in School/Program	Resident:	Non-Resident:
Applicable differential tuition amount:	_____	_____
Number of classes within the program with a fee:	_____	_____
Percent of classes within the program with a fee:	_____	_____

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)

MARKET PRICING

Institution	Degree	Annual Price		
		Resident	Nonresident	Online

BUDGET

Financial Aid Set Aside (FSA) Amount: _____

Proposed Annual Revenue

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

Proposed Annual Expenditures

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