

PROGRAM NAME/COURSE NUMBER:

COLLEGE/DEPARTMENT:

PROPOSED DATE OF FEE/ADJUSTMENT:

CONTACT NAME:

Briefly state the reasons for fee establishment or adjustment(s). If multiple fee/adjustments are being proposed attach a separate sheet that details all fees/adjustments.

| Students Assessed | Current Fee | Date of last change | Proposed Fee | \$ Change in Fee | % Change in Fee |
|---------------------------|-------------|---------------------|--------------|------------------|-----------------|
| Undergrad-Resident | | | | | |
| Graduate-Resident | | | | | |
| Undergraduate-Nonresident | | | | | |
| Graduate-Nonresident | | | | | |
| Other | | | | | |

Type of Fee Adjustment: Check All

