**Program Fees**

**Establishment and Budgetary Review**

**PROGRAM FEE REQUEST**

The following information is required for the establishment of a new Program Fee or adjustment of an existing Program Fee:

- **Department/Division:** ___________________________________________________
- **Requesting Unit:** ___________________________________________________
- **Contact Person:** ___________________________________________________
  - **Email** ___________________________________________________
  - **Phone** ___________________________________________________

1. Which of the following does this request concern? (Please choose one)
   - Proposal of a New Program Fee
   - Increase to an existing Program Fee
   - Decrease to an existing Program Fee

2. Is this program offered through Summer Session? ________________

3. If this is an existing fee please provide the FOAPAL. ________________

4. Provide a brief description of the proposed or increased fee.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

5. What is the name and amount of the proposed fee?
   ___________________________________________________________________

6. If this fee affects retirees, have you consulted with the appropriate group?
   ___________________________________________________________________
   ___________________________________________________________________

7. Explain how these expenses have been paid in past years if this is a new fee.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
Program Fees
Establishment and Budgetary Review

8. Are scholarships available for participants? How does the scholarship program work?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Notes: Anything else you wish to convey to the committee to consider your request.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

10. Include an approval by the Vice Chancellor or Dean. If this program is offered through Summer Session also include the approval of the Director of Summer Session.

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<tr>
<th>Summer Session Director Approval:</th>
<th>Name</th>
<th>Title</th>
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<th>Dean/Vice Chancellor Approval:</th>
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