PROGRAM/COURSE FEE REQUEST FORM | AY 2016-2017

This form is to be used to request new or increases to existing program or course fees. **Program/course fees are those that are directly associated with an academic program or course in which students enroll.** To be considered for the 2016-17 academic year, fee requests must be submitted to Bob Goldstein, Vice Provost for Institutional Research, Assessment and Analytics, **by no later than January 4, 2016**.

Materials should be forwarded electronically to:

- **UOFLIRP@louisville.edu** with a copy to **robert.goldstein@louisville.edu**
- **SUBJECT:** Proposed fall 2016 program/course fee

Check one: New fee: ☐ Change to existing fee: ☐

Effective term: _____ Requested fee: $ _____

If change to existing fee, list current amount charged: $ _____

Subject – course number fee should be attached to: _____ – _____

-or-

Other method to charge—e.g. plan, program, student group: _____

List any additional course(s) to be charged: _____

Please attach a brief impact statement addressing all of the following for the proposed new or revised fee:

1. **Describe how the fee will be assessed—e.g. all students, students in a specific unit/program/major.**
2. **Provide a 5-year history of all fees assessed within the academic program/major of the proposed new or revised program/course fee.**
3. **Specify how many students the proposed program/course fee will affect by student classification—i.e. undergraduate, graduate, or professional—and by student level—e.g. freshmen, juniors, etc.**
4. **Please describe the direct benefit to students in terms of enhancing or enriching the student learning experience. Provide a budget that details the expected annual revenue from the fee and the expenses that the fee will cover. If this is a current fee, please include how the current revenue is being utilized.**
   NOTE: Documentation of consultation with student government representatives from the areas affected by the proposed fee is required; student support adds to the viability of any fee proposal.
5. **If the fee is not approved what would be the expected impact on students, and what alternative means to the proposed fee have been explored for achieving the desired outcome?**

Attach additional documentation as needed.

Department ID number/name to receive fee: _____

Program number to receive fee: _____

Unit Business Manager: _____ Telephone: _____

Department: _____ Email: _____

Dept. Contact: _____ Telephone: _____

Recommended by Dean/Unit Committee:

Signature: _____ Date: _____

To be completed by the Office of Academic Planning & Accountability, if approved by Board:

Date of Board action: _____ Item type: _____

Signature: _____ Date: _____

Copies sent to Registrar, Bursar, Student Financial Aid, and Finance offices