

# WRIGHT STATE UNIVERSITY

## Request for Program Special Fee

**Business Manager Instructions:** To request a new or modified program fee, please provide the information below, obtain approval from the dean of college or school, and submit to the VP for Business and Finance for review of the financial data. Upon approval of the revenue and expense information, the request will be forwarded to the Vice President for Curriculum & Instruction.

College/School \_\_\_\_\_ Department \_\_\_\_\_

How will program fee be assessed? (Check Below and Specify)

By Program? \_\_\_\_\_ Please Identify Program \_\_\_\_\_

By Department/Major? \_\_\_\_\_ Please Identify Department/Major \_\_\_\_\_

By College? \_\_\_\_\_ Circle: Undergraduate Graduate Both

New fee or adjustment to existing fee: New \_\_\_\_\_ Adjustment \_\_\_\_\_

Amount of fee requested \_\_\_\_\_

If new, please provide: Fund \_\_\_\_\_ Org \_\_\_\_\_ Account \_\_\_\_\_ Program \_\_\_\_\_

If adjustment, amount of existing fee: \$ \_\_\_\_\_

Fee Description: \_\_\_\_\_ (for Web Display)

An approved program fee will take effect at the beginning of the first registration period that follows approval unless a later date is specified. Effective date if later than default. \_\_\_\_\_

Check one of the following for refund policy:

\_\_\_\_\_ Follows Tuition Refund Policy

\_\_\_\_\_ No Refund, please provide justification:

### APPROVALS

\_\_\_\_\_  
Dean of College/School Date

\_\_\_\_\_  
VP for Business and Finance Date

\_\_\_\_\_  
Office of the Provost if approved by appeal Date

\_\_\_\_\_  
VP for Curriculum & Instruction Date

#### Internal processing only

FORWARD TO BUDGET PLANNING & RESOURCE ANALYSIS

Date \_\_\_\_\_

IF FEE IS NEW, FORWARD TO OFFICE OF THE BURSAR

Date \_\_\_\_\_

Detail Code \_\_\_\_\_

#### FORWARD TO OFFICE OF THE REGISTRAR FOR PROCESSING

\_\_\_\_\_  
Registrar Staff Date

## Request for Program Special Fee Page 2

### PROGRAM EXPENSE ACCOUNTING FOR NEW OR INCREASED PROGRAM FEES

**Anticipated Enrollment/Revenue:**

	# of Students (FTE)	Revenue
Fall	_____	\$ _____
Spring	_____	\$ _____
Summer	_____	\$ _____

**Description of Expenses (Be specific)**

**Anticipated Cost per program**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	\$ _____ -

**Note:** Anticipated revenue is not to exceed anticipated costs

**Programmatic Justification for Fee:**

\_\_\_\_\_  
Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
College/School

\_\_\_\_\_  
Date