

**MEMORANDUM**

TO: Associate Provost for Academic Affairs/Chancellor of Health Sciences

 Office of the Provost and EVP for Academic Affairs/VP for Health Sciences

DATE:

FROM: (*Enter: Dean, Executive Director*)

 (*Enter: School/College)*

RE: **Course Fee Proposal**

Please answer the following questions and provide any additional documentation that will support this proposal.

* Is this course fee a curriculum or class fee (see policy 8210)?
* Reason for the new/revised fee.
* Have you paid for the expense in the past? How?
* What impact on the students/enrollments will this new/revised fee have?
* How have you communicated the proposed fee to the students? Please explain your process and provide contact information for the college/school.

My signature below confirms that I have read UBPP 8210 and understand its requirements (<http://www.unm.edu/~ubppm/ubppmanual/8210.htm>) as it relates to class and curriculum fees. Course Fee Approval Form and appropriate back-up documentation are attached to this request. I also maintain that the uses of these class and curriculum fees are integral to our ability to provide a flagship-level education to our students.

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Dean/Executive Director Signature

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Printed Name

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Title

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Date