**Differential Tuition Request**

|  |  |
| --- | --- |
| **College/School:** |  |
| **Dept./Program:** |  |
| **Contact Name:** |  |
| **Phone:** |  |
| **Email:** |  |

**Level:** Undergraduate [ ]  Graduate [ ]

***Note: Proposed New Differentials will be applied by student type (major). For Main Campus units, all differential tuitions will be charged by student type (major) and will follow the tuition block.***

**Requested Differential Tuition (Shown as an amount per student credit hour):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Type** | **Current Differential** | **Proposed Differential** | **Increase/Decrease or New Differential** |
| **Residents** | **$** | **$** | **$** |
| **Non-Residents**  | **$** | **$** | **$** |
| **Other** | **$** | **$** | **$** |

**Effective Academic Year:** Click here to enter text.

**If the differential tuition request is approved, it will be applied in the following academic year beginning in the fall semester.**

**Rationale for Request**: *Please provide a detailed explanation on the reasoning for the increased/Decreased or new differential tuition. Please refer to policy* ***UAP 8210 2.2*** *for qualifying justification for differential tuition*.

**Market Analysis**: *Please provide detailed information on whether the college/school or department/program cost of instruction is markedly higher than the university average program costs or market conditions warrant additional tuition.*

**Student Consultation**: *A preliminary request should be submitted to the provost office (Main Campus) or Chancellor’s Office (Health Sciences Center (HSC)) no later than October 1st Per policy it must be posted to the unit’s website no later than October 1st to allow for at least 30 days of constituent comment prior to final submission to the Provost or Chancellor by November 1st.*

*Please provide an explanation on how you plan to communicate the proposed differential tuition request to students, and the feedback you have already received from students on this request if any.*

**Accountability/Budget Information**: *Please provide budgetary information about how the revenue generated will be expensed. It is highly encouraged to set aside a portion of the revenue generated by the differential for financial aid (****see policy UAP 8210 2.2.2).***

**Financial Aid Set Aside Amount: %**

**Proposed Annual Revenue**

|  |  |
| --- | --- |
| **Differential Tuition (per student credit hour)**  | **$** |
| **Projected # of Student Credit Hours (all student credit hours taken by student majors in the program**  | Click here to enter text. |
| **Total Revenue**  | **$** |

**Proposed Annual Expenditures**

|  |  |
| --- | --- |
| Financial Aid Set Aside (%) | **$** |
| Faculty Expense | **$** |
| Advising Personnel  | **$** |
| Support Staff Expense | **$** |
| Operating Expenses | **$** |
| **Total Program Costs** | **$** |

Please provide a detailed explanation on how the revenue will be used for this program:

**Student Access and Affordability**: *Please explain how student access and affordability will be address.*

**Peer Comparison Chart**: *Please complete the Excel peer comparison spreadsheet. If the peer institutions listed does not have a similar college/school or department/program add an institution that most closely resembles your unit. Please note this adjustment below.*

**Other Information**: *Please provide any additional information that supports this request for differential tuition.*

**Dean/Director Approval:**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**