**DIFFERENTIAL TUITION REVIEW**

**(Justification for units with existing differential tuition)**

**College/School:** Click here to enter text. **Department/Program:** Click here to enter text.

**Contact:** Click here to enter text. **Phone:** Click here to enter text. **Email: ­­­­­­­­­­­­­­­**Click here to enter text.

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

**Differential Tuition (please show as an amount per student credit hour):**

|  |  |
| --- | --- |
| **Student Type** | **Current** **Differential** |
| Residents | $ |
| Non-Residents | $ |
| Other  | $ |

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

**Rationale for Existing Differential Tuition:** *Please provide a detailed explanation on the reasoning for the differential tuition. Please refer to policy* ***UAP 8210 2.2*** *for qualifying justifications 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:**

*Please provide an explanation on how you communicate the existing differential tuition to incoming students in your program.*

**Accountability/Budget Information:** *Please provide budgetary information about how the revenue generated is 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 is used for this program:*

**Student Access and Affordability:** *Please explain how student access and affordability has been addressed.*

**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 the continuation of the differential tuition.*

**Dean/Director Approval:**

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

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