

Texas Tech University Health Sciences Center

Student Fees

School/Division:	Contact Person:
Fund <i>(if new, leave blank):</i>	Name of Fee:
Please check: ☐ ☐ ☐ New Fee Rate Adjustment (Select: ☐ Increase or ☐ Decrease) Update Only (Purpose of Student Fee; Complete Section 4 only.)	
Current Fee Rate <i>(if new, enter \$0):</i>	Date of Last Rate Adjustment <i>(if new, leave blank):</i>
Proposed Fee Rate:	Charge Basis <i>(per SCH/semester/annual):</i>
Proposed Effective Date of New/Adjusted Fee:	
Statutory Authority for Collecting Fee:	

1. List all Programs to be assessed the fee:

2. Revenue Estimate (Annual):

_____ Number of Students x \$_____ (fee rate per year) = \$ 0.00

3. Expense Estimate (Annual):

		\$
		\$
		\$
		\$
Total Expenses		\$ <u>0.00</u>

4. Per statute, student fees may only be used for the purpose in which they are assessed. Please provide a description of the purpose of this fee and the specific types of expenses directly related to this fee.

5. Rationale for requesting a rate adjustment to an existing fee or charge or for requesting a new fee. Indicate why other sources of revenue are not appropriate to support this fee and outline the use of the fee: (attach additional pages as necessary)

6. In pricing the requested fee, please list and attach any supporting evidence of market analysis and comparison of the fee to other peer or comparable regional institutions. If the proposed fee is not easy to compare to other institutions, please provide compelling evidence as to why the proposed fee differs significantly.

Requestor

Date

Dean

Date

Student Business Services

Date

Provost Office

Date

Vice President and Chief Financial Officer

Date

Student Business Services
use only

Detail Code(s)