

AUXILIARY FEE REQUEST FORM | AY 2016-2017

This form is to be used to request new or increases to existing auxiliary fees. **Auxiliary fees are those not directly associated with students' academic programs (e.g. housing, parking, or meal plans).** To be considered for the 2016-17 academic year, fee requests must be submitted to Bob Goldstein, Vice Provost for Institutional Research, Assessment and Analytics, **by no later than January 4, 2016.**

Materials should be forwarded electronically to:

- UOFLIRP@louisville.edu with a copy to robert.goldstein@louisville.edu
- **SUBJECT:** Proposed fall 2016 auxiliary fee

Check one: New fee: _____ Change to existing fee: _____

Effective term: _____ Requested fee: \$ _____

If change to existing fee, list current amount charged: \$ _____

Subject – course number fee should be attached to: _____ – _____

-or-

Other method to charge—e.g. plan, program, student group: _____

List any additional course(s) to be charged: _____

Please attach a brief impact statement addressing all of the following for the proposed new or revised fee:

1. Describe how the fee will be assessed—e.g. all students, students in a specific unit/program/major.
2. Provide a 5-year history of all fees assessed within the academic program/major of the proposed new or revised program/course fee.
3. Specify how many students the proposed program/course fee will affect by student classification—i.e. undergraduate, graduate, or professional—and by student level—e.g. freshmen, juniors, etc.
4. Please describe the direct benefit to students in terms of enhancing or enriching the student learning experience. Provide a budget that details the expected annual revenue from the fee and the expenses that the fee will cover. If this is a current fee, please include how the current revenue is being utilized.

NOTE: Documentation of consultation with student government representatives from the areas affected by the proposed fee is required; student support adds to the viability of any fee proposal.

5. If the fee is not approved what would be the expected impact on students, and what alternative means to the proposed fee have been explored for achieving the desired outcome?

Attach additional documentation as needed.

Department ID number/name to receive fee: _____

Program number to receive fee: _____

Unit Business Manager: _____ Telephone: _____

Department: _____ Email: _____

Dept. Contact: _____ Telephone: _____

Recommended by Vice President/VP committee:

Signature: _____ Date: _____

To be completed by the Office of Academic Planning & Accountability, if approved by Board:

Date of Board action: _____ Item type: _____

Signature: _____ Date: _____

Copies sent to Registrar, Bursar, Student Financial Aid, and Finance offices

