|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Fee:** |  | | | | | | |
| **College/Department:** |  | | | | | | |
| **Proposal summary**  Fee increases and implementation of any new fee must be approved by University Leadership, and if approved by University Leadership, any administrative fee generating additional annual revenue in excess of $250,000 must then go for review by the Kansas Board of Regents (KBOR) for first read in May and adoption in June. Please justify your request by answering the questions below in entirety. | | | | | | | |
| **Supporting Information** | | | | | | | |
| **Outcome Metrics** | | **FY ’22 Actual** | **FY ‘23 Actual** | | **FY ’24 Actual** | | **FY ’25 Est.** |
| Fee per credit hour (or N/A) | |  |  | | |  |  |
| Fee per class (or N/A) | |  |  | | |  |  |
| Fee per semester (or N/A) | |  |  | | |  |  |
| Annual revenue | |  |  | | |  |  |
| **Discuss the history of the fee and revenue collections. Outline in detail how the fee (at the current rate) is used to support college operations.** | | | | | | | |
| **Discuss the proposed fee increase, estimated amount of additional revenue to be collected, and justification for the increase. Provide a detailed, itemized list of how the additional revenue will be used.** | | | | | | | |
| **Discuss the anticipated impact on students. Will the proposed increase impact student cohorts differently (e.g., undergraduate vs. graduate or in-state vs. resident). How will the increase compare to our peer institutions and those you consider to be competitive institutions?** | | | | | | | |
| **As part of the submission in the tuition proposal, KBOR requires an informational/feedback engagement with the student body. Outline how and when the engagement occurred (or will), how many students attended in comparison to the total student body, and the feedback received. (Please note, official minutes should be taken during the engagement).** | | | | | | | |
| **Provide the narrative to be included in the tuition proposal to KBOR.** | | | | | | | |
| **Describe any negative consequences if this request is not approved.** | | | | | | | |
| **Required Signatures:** | | | | | | | |
|  | | | |  | | | |
| Budget Officer/ Dean Date | | | | Vice President/Provost Date | | | |
| Please coordinate with your Vice President/Provost prior to submitting the form to your budget analyst. | | | | | | | |
| **Committee Review Notes:** | | | | | | | |