

FEE REQUEST FORM**SECTION 1: COMPLETE FOR ALL REQUESTS.****REQUEST TYPE:**

- Establish a New Fee Change an Approved Fee Rate Justification Change / Expand Revenue Usage

Approval of Certain Fee Changes: The Board of Regents delegates to the presidents of the institutions the authority to approve changes in the amounts of other fees or charges authorized by Texas Education Code Sections, 54.007, 54.0501(a), 54.051(1), 54.504, or 55.16 that have previously been approved by the Board. As a condition for approval of any increase in such fees and charges, the institutional president must find that such increase is required in order for the fee or charge to reasonably reflect the actual cost to the institution of the materials or services to be provided.

FEE TYPE:

- Mandatory Fee Incidental Fee - Specify Category:
 Course Fee Lab Fee Misc. Services / User Fee

Incidental fees may be collected from students and potential students only in accordance with the original approved request. The fees must only be used to cover approved expenses and the rate must reasonably reflect the actual cost to the University of the materials or services for which the fee is collected.

FEE NAME:

COURSE NUMBER/TITLE (If Applicable):

If this fee will be applied to multiple sections, provide information as an attachment.

COLLEGE:

DEPARTMENT:

CURRENT FEE RATE:

\$ _____ per _____

PROPOSED / NEW FEE RATE:

\$ _____ per _____

PROPOSED EFFECTIVE DATE:

Or Semester / Year

ACCOUNT NUMBER - If Assigned

FEE JUSTIFICATION / PURPOSE:

Identify core products and or services that will be provided from the funds generated by the fee; explain whether the goods/services are already being provided, whether those funds will continue to subsidize the requirement and /or the necessity to begin charging for the goods and or services.

Attach additional sheets if necessary

INTENDED OUTCOMES:

Describe the intended outcomes and benefits to the student/fee user expected from the assessment of the fee.

Attach additional sheets if necessary

FEE REQUEST FORM - Page 2

FEE NAME:

SECTION 2: AMENDMENTS TO APPROVED FEES

Complete only if requesting changes.

CHANGE IN JUSTIFICATION

Provide the revised detailed justification describing the intended use of the previously approved fee. REQUIRES COMPLETION OF SCHEDULE B.

Attach additional sheets if necessary

NEW / ADDITIONAL SERVICES

Provide details of any new / additional services to be included and the necessity for the change(s). If the goods/services were previously provided from another funding source, please describe whether those funds will continue to subsidize the provision of the good and or service, and if not, explain why. REQUIRES COMPLETION OF SCHEDULE B.

Attach additional sheets if necessary

SECTION 3: COST JUSTIFICATION

Complete Schedule A: *Cost Justification for New Fees*

Use this schedule if requesting a new fee.

Complete Schedule B: *Cost Analysis for Rate or Justification Change*

Use this schedule if requesting a fee rate or justification change.

SECTION 4: ROUTING / APPROVAL PROCESS

Completed materials must be routed and reviewed as follows: [Step 1](#): Review/Approval to forward on by Vice President/Provost; [Step 2](#): Review of budgetary, cost accounting & related issues by Associate VP Financial Affairs; [Step 3](#): Recommendation to VP Business Affairs; [Step 4](#): Review by Student Fee Committee(s); [Step 5](#): Review by President/CMO; IF REQUIRED - [Step 6](#): Submittal to The U.T. System/Board of Regents

[Step 1: Requestor / Dean or AVP](#)

SUBMITTED BY:

ORIGINATOR OF REQUEST & HIGHEST LEVEL ADMINISTRATOR UNDER VP

NAME	TITLE	DATE

[Step 2: Vice President Level Support](#)

APPROVED TO FORWARD ON FOR FURTHER CONSIDERATION:

NAME	TITLE	DATE

[Step 3: Financial Affairs Review](#)

REVIEW OF FEE RATE & COST ACCOUNTING

NAME	TITLE	DATE

[Step 4: Review by Student Fee Committee\(s\)](#)

COMMITTEE NAME	MEETING DATE(S)

COMMITTEE NAME	MEETING DATE(S)

SCHEDULE A - Cost Justification for Proposed New Fees

FEE NAME:

Enter Fee Name Here

Section 2 - (M&O) Maintenance & Operation Costs: Includes all materials, supplies, equipment and contractual services that are direct costs in the provision of goods and services associated with the fee.

Purchased Goods and Services (including telephone, postage, utilities & chargeback services if applicable).

DESCRIPTION	Qty	Unit Price	Total Cost
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0

Subtotal Section 2.	\$0
TOTAL OF SECTIONS 1 & 2.	\$0

Section 3 - Administrative Overhead & Reserves: All of the reserve types may not apply; percentage values may not be exceeded without approval of the Associate VP - Financial Affairs. If a flat amount is appropriate, enter that amount into the total price.

	DESCRIPTION	%	Est. Requirement	Total Cost
1	General Reserve	5%		\$0
2	Equipment Replacement Reserve, if applicable	5%		\$0
3	Administrative Overhead	5%		\$0
4	Other Allocable Costs:			
5	Deferred Maintenance, if applicable (amount will vary based on facility condition)		\$0	\$0
6	Renewal & Replacement		\$0	\$0
7	Debt Service (must be pre-authorized to include)		\$0	\$0
8	Other:		\$0	\$0
9	Other:		\$0	\$0

Subtotal Section 3.	\$0
TOTAL ALL ESTIMATED COSTS	\$0

Section 4 - Fee Basis: Indicate the frequency of collection and how each student will be assessed. Per capita normally applies when the good or service rendered is equivalent or potentially regardless of courseload taken. Per Semester Credit Hour assumes the usage of the good or service will vary based on student courseload. Assessment of minimum fee rates and maximum rates will require a detailed analysis of student credit hour load trends. Contact the Budget Office for current SCH and Headcount projections, or use IR historical data for your particular purposes. **Current exemption rate used = 3% which is factored into the below calculations.**

	Est. Gross Fall	Est. Gross Spring	Est. Gross Summer	Total Estimated - Adjusted for Exemption Rate
1 <input type="checkbox"/> Per Capita / Per Semester	0	0	0	0
2 <input type="checkbox"/> Per SCH - No Min/No Max	0	0	0	0

Section 5 - Fee Rate Calculation

	Recommended Per Capita Fee Rate	#DIV/0!
	Recommended Per SCH - No Min/No Max	#DIV/0!
3 <input type="checkbox"/> Per SCH - Min & Max: Attach a spreadsheet correlating enrollment or usage projections data to proposed fee rate & costs.		
4 <input type="checkbox"/> OTHER - Describe how rate correlates to costs.		

This Schedule was completed by:

NAME	TITLE	PHONE NUMBER

SCHEDULE B - Cost Analysis for Rate or Justification Change to Existing / Approved Fee

FEE NAME:

General Principles: The proposed fee rate must be based on total actual / estimated costs less any authorized subsidies using other institutional local funding. The fee will be assessed in a manner that is reasonably representative of the relative good or service provided. Over time, the fee revenue compared to expenses should break even or recover no more than the total cost of providing the goods and or services to students / customers. A unit authorized to charge a fee may not earn a profit. A modest reserve, normally derived from "retained earnings" = net income at fiscal year-end may be appropriate to cover: a) capital renewal and replacement; b) deferred maintenance; c) working capital (cashflow requirements) during those times when expenditures may precede revenue collection; and/or d) the cost of planned future operations thereby avoiding service reduction and or fee rate increases. If you need assistance with completing this form or if the requirements of your fee are more complex, please contact the Office of the Associate Vice President of Financial Affairs at 458-4210.

To receive endorsement of a fee rate increase, the current required costs must be rejustified (zero base budget development) and detailed below based on current enrollment and service level provision requirements that may have changed since the fee first was approved.

Direct Costs are divided into two major categories: Personal Services and Maintenance & Operations

A direct cost is one that can be identified specifically with the good or service provided to the student / customer or that can be assigned to the activity relatively easily with a high degree of accuracy. Allocation methodologies may be used to share costs between two or more activities and must be based on a proportional benefit or other reasonable basis.

Complete the appropriate information in the white fields in the template below. Do not type in yellow shaded fields. Add lines as required in the center of the section to assure formulae copy correctly.

Section 1 - Personal Services: Detail all direct labor costs required to provide the goods and services. Apply a fringe benefit rate to these costs based on the type of employee hired and or actual experience rate (benefits rate may vary based on salary.)

1A. SALARIED POSITIONS - List the positions required to deliver the proposed good or services and the FTE (full time equivalency). 1.0 FTE = 100% assigned to this activity. Annual salary cost should relate to the FTE/% assignment to this activity. The Budget Office can assist with computation of benefits rates. Insert additional rows as required in the center, so formulae will copy.

POSITION TITLE	FTE	Est. Annual Salary Costs	Benefit Rate	Annualized Benefit Cost	Total Cost
	0.00	\$0.00	33%	\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
	0.00	\$0.00		\$0	\$0
Second Year Merit @ 3%		\$0.00	33%	\$0	\$0
Subtotal Section 1A.	0.00	\$0		\$0	\$0

1B. Hourly Positions or one time Salary Costs - for "Non-Regular" and not benefits eligible employees or supplemental pay including longevity bonuses for regular positions that are listed above in Section 1A. List the positions required to deliver the proposed good or services, the hourly rate and estimated number of hours. Insert additional rows as required. Similar employee position titles / rates can be grouped into one line.

POSITION TITLE	Est. Total Hrs/Year	Hourly Rate	Est Annual Cost	Benefit Rate	Annualized Benefit Cost	Total Cost
	0.00	\$0.00	\$0.00	7.65%	\$0	\$0
	0.00	\$0.00	\$0.00	7.65%	\$0	\$0
	0.00	\$0.00	\$0.00	7.65%	\$0	\$0
	0.00	\$0.00	\$0.00	7.65%	\$0	\$0
	0.00	\$0.00	\$0.00	7.65%	\$0	\$0
Longevity Bonuses -Enter Lump Sum in the Est. Cost Cell			\$0.00	7.65%	\$0	\$0
Subtotal Section 1B.			\$0		\$0	\$0

SCHEDULE B - Cost Analysis for Rate or Justification Change to Existing / Approved Fee

FEE NAME:

Enter Fee Name Here

Section 5 - Fee Basis: Indicate the frequency of collection and how each student is currently assessed and whether changes to that assessment basis are requested. Per capita normally applies when the good or service rendered is equivalent or potentially regardless of courseload taken. Per Semester Credit Hour assumes the usage of the good or service will vary based on student courseload. Assessment of minimum fee rates and maximum rates will require a detailed analysis of student credit hour load trends. Contact the Budget Office for current SCH and Headcount projections, or use IR historical data for your particular purposes. Current exemption rate used = 3% which is factored into the below calculations.

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Section 6 - Fee Rate Calculation

Recommended Per Capita Fee Rate

#DIV/0!

Recommended Per SCH - No Min/No Max

#DIV/0!

3 Per SCH - Min & Max: Attach spreadsheet correlating enrollment/usage projections to justify rate change.

4 OTHER - Describe how requested rate change or assessment basis change correlates to costs.

Section 7 - Fee Rate Increase Recommendation: Compare current fee rate to recommended fee rate.

	Enter Current Rate	Recommended Rate	Recommended Rate Change
1 Per Capita / Per Semester	\$0.00	#DIV/0!	#DIV/0!
2 Per SCH - No Min/No Max	\$0.00	#DIV/0!	#DIV/0!

3 **Per SCH - Min & Max: Attach spreadsheet correlating enrollment/usage projections to justify rate change.**

4 **OTHER - Describe how requested rate change or assessment basis change correlates to costs.**

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NAME	TITLE	PHONE NUMBER
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