

**Special Course and Academic Program Fee**

**Application Form**

**Signature Page**

Prepared By:

*Jessica M. Quiley*  
Signature

Susan I. Duley  
Printed Name

8-27-15  
Date

The Chair/Associate Dean and Dean of the College requesting this fee must sign the signature page prior to review of this Application Form by the Special Course and Academic Fees Advisory Committee.

Chair/Associate Dean/Associate VPAA

College Dean (if applicable)

*Susan I. Duley* 8-27-15  
Signature Date

\_\_\_\_\_  
Signature Date

7 Dean's Signature Required!

By signing you are indicating that you agree to this fee or a revised version of this fee.

Chair of the Special Course and Academic Fees Advisory Committee:

*Michele Finkley* 9/18/15  
Signature Date

Provost

\_\_\_\_\_  
Signature Date

President

\_\_\_\_\_  
Signature Date

After Approved by President Submit Form to Budget Office with any revisions made.

*To be completed by budget office.*

Fund	Department	Program	Class	Accounts
10600	0610310	11100	11000	714100
				715102
				727109
				727111

Comments: The fee is currently + always has been \$35/student/course so the committee corrected this on page 2 of the application. The committee approved the fee for FY17 despite the fact that they felt the narrative was weak and did not explain that the revenue is not used for supplies to support ~~patients~~ <sup>patients</sup> that go to the clinic. The supplies are for student learning and not ~~the~~ patient support! If this is the case then it should not require BOR approval as long as it remains \$35/student/course.

## Special Course and Academic Program Fee

### Application Form

Date of Application: 8/27/2015

College/Department: Department of Dental Hygiene

Fee Name: Dental Hygiene Lab Fees

Choose one of the following:

- Newly proposed fee                     
  Existing fee that will change (increase/decrease/eliminate)                     
  Reapplication of an existing fee that will not change
- Indicate which situation applies

Choose one:

- Academic Program Fee   
  Supplemental Course Material or Laboratory Fee

**Supplemental Course Material or Laboratory Fees (Only complete this section if you are proposing a course fee.):**

List the courses for which this fee will apply:

Fall Semester	Summer Semester	Spring Semester
3100C	3300A	3200C
3110L	3300B	4400C
3120L		3230L
4300C		3382L

Answer the following for all of the courses you listed above (collectively). So for example if you list 3 courses you will provide the projected annual enrollment for all 3 courses combined. To calculate annual revenue multiply the annual enrollment by the fee cost per student.

Projected Annual Enrollment: 56 Fee amount per student: \$315.00 Annual Revenue: \$17,640.00

*135 Lab course*

Do all students in each of these courses have to pay the course fee? Yes (if not, explain who will pay the fee)

**Academic Program Fees (Only complete this section if you are proposing a program fee.):**

Which academic program will this fee support? \_\_\_\_\_

Answer the following for the program you listed above. Annual enrollment would be the number of students paying the fee in a given academic year. To calculate the annual revenue multiply the annual enrollment times the number of semesters the fee must be paid annually. IF the fee is paid only once upon acceptance into the program then annual enrollment would be the expected number of new students annually.

Projected Annual Enrollment: \_\_\_\_\_ Fee amount per student: \_\_\_\_\_

How often will a given student have to pay the fee?

- Only once (when the student is accepted into the program)                     
  Each semester the student is enrolled in the program                     
  Once per year
- Which semester? \_\_\_\_\_
- Is summer term included? \_\_\_\_\_

Annual Revenue: \_\_\_\_\_

Do all students enrolled in this program have to pay the fee? \_\_\_\_\_ (If not, explain who will pay the fee)

## *Special Course and Academic Program Fee*

### *Application Form*

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Attach the following to this form:

- A narrative justification for the fee. Make certain to include the following:
  - Description of how the fee revenue will be spent (be as specific as possible). Please see attached spreadsheet. Items purchased are typical although it is often the purchase or repair of special lab equipment that takes precedence over the cost of supplies.
  - Justify why the program's department/college budget cannot support these expenditures. The high cost of special lab equipment exceeds the Dental Hygiene budget. Also, collected revenue is not enough to cover the cost of said equipment.
  - Describe the benefit this revenue will provide to the students who are paying it. Lab Fees will allow the students to gain invaluable experience with current lab equipment.
  - If your request is denied describe what impact this will have on your program. Because the purchase and repair of special lab equipment would no longer be affordable, there would exist the possibility of enrollment reduction.

If you require other fees to support the same program(s) where these particular fees are applied, you will need to describe those other fees and indicate the total cost to the students in those programs. We do not require any other fees.