Exhibit A

UNIVERSITY OF CALIFORNIA, SAN DIEGO

PROPOSAL TO ESTABLISH COURSE MATERIALS AND SERVICES FEE

Academic Division: _________________________________________________________

Department: _______________________________________________________________

Course Number and Name: ____________________________________________________

Academic Units: __________  

(Please provide a copy of Course Description and Course Approval from the CEP Subcommittee or Graduate Council)

Contact:  

Name: ________________________________  

Phone: ____________________

Mail Code: _________  

E-mail: ________________

The proposed fee is for: (please check ✓ all that applies)

___ a new course materials fee  

___ a proposed adjustment to an existing fee (current fee: _____ )  

___ an undergraduate course  

___ a graduate/professional course  

___ a major requirement course  

___ an elective course

1. What is the amount of the proposed fee? $__________

Proposed effective quarter:  

(Fall/Winter/Spring)__________ Quarter

Summer Session___________ (I, II or Special)

2. Describe the activities that will be funded with the proposed fee.

__________________________________________________________________________________________

3. What is the supplemental academic benefit to the students paying the fees?

__________________________________________________________________________________________

4. Explain how these expenses have been paid in past years and why funding source can no longer cover it.

__________________________________________________________________________________________

5. What are the consequences if the proposed fee is denied, or if it is approved but only for a partial amount?

__________________________________________________________________________________________

6. What is the total cost impact related to materials and services that students enrolling in this course must pay?  
(Examples: required text books, lab manuals, cost to attend special educational event, other materials and services)

__________________________________________________________________________________________
7. Can the students reasonably secure these materials elsewhere? Why or Why not?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________

8. Estimated enrollment per course: ____________

<table>
<thead>
<tr>
<th>Itemize Materials/Supplies/Services</th>
<th>Quantity</th>
<th>Per-unit Cost</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. __________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>II. __________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>III. __________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>IV. ___________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>V. ____________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>VI. ___________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>VII. __________________________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

Est. Total Cost ____________
Est. Cost Per Student ____________

Proposed Per Student Charge ____________

9. Required Signatures:

**Department Chair’s Approval**

Name: __________________________ Signature: __________________________ Date: ____________

**Dean of Academic Division’s Endorsement**

Name: __________________________ Signature: __________________________ Date: ____________

**Vice Chancellor Office’s Endorsement**

Name: __________________________ Signature: __________________________ Date: ____________

☐ ACADEMIC AFFAIRS ☐ HEALTH SCIENCES ☐ MARINE SCIENCES

Submit to:
Kim Chi Le, CMSFC Chair
Campus Budget Office
Mail Code: 0936

Revised: October 2011
Page 2