

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)

- | | |
|---|---|
| <input type="checkbox"/> a new course materials fee | <input type="checkbox"/> a proposed adjustment to an existing fee (current fee: _____) |
| <input type="checkbox"/> an undergraduate course | <input type="checkbox"/> a graduate/professional course |
| <input type="checkbox"/> a major requirement course | <input type="checkbox"/> 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)

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

8. Estimated enrollment per course: _____

Itemize Materials/Supplies/Services	Quantity	Per-unit Cost	Estimated Cost
I. _____	_____	_____	_____
II. _____	_____	_____	_____
III. _____	_____	_____	_____
IV. _____	_____	_____	_____
V. _____	_____	_____	_____
VI. _____	_____	_____	_____
VII. _____	_____	_____	_____
		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