

Exhibit A

**University of California, San Diego
COURSE MATERIALS FEE REQUEST**

Academic Division: _____

Department: _____

Course Number and Name: _____
(Please provide a copy of course description)

Department 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"/> an increase to existing course materials 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? \$ _____ * To be effective
(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 would be the full cost impact on each student taking this course in terms of required materials and services?
(Consider required text books, lab manuals, course material fee, and/or costs of other materials/services)

Course Materials Fee Request

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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. _____	_____	_____	_____
		Total Est. Cost	_____
		Cost Per Student	_____

Proposed Fee Charge to All Student Enrolling in the Course _____

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

* Proposed fee should be moderate and not exceed 50% of the estimated actual cost per student

Submit to:
Campus Budget Office - Mail Code 0936
Attention: Kim Chi Le

Revised: March 2007