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)

   ___________________________________________________________
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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>
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<tbody>
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<td>I.</td>
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<td>VII.</td>
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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