**University of Colorado Denver**

**Denver Campus and Anschutz Medical Campus**

Student Fee Change Request Form FY 22-23: Form A

For Fee Requests Initiated by Schools, Colleges, or CU Denver Staff

| **Item** | **Complete this Column**  **\*\*\*Every item must be completed to be considered\*\*\*** | | | |  |
| --- | --- | --- | --- | --- | --- |
| **Date Submitted to MFRT** |  | | Original  Revised | | |
| **Request is for** | Current Fee Increase  Current Fee Decrease  New Fee  Change in Fee Purpose  Fee Elimination  Other\* | | | | |
| **Type of Fee** | Program  Course  Student Purpose/Activity  Administrative | | | | |
| **School/College/Area Initiating Request** |  | | | | |
| **Department/Program/Unit Initiating Request** |  | | | | |
| **Fee or Course Name** |  | | | | |
| **Course Number** |  | | | | |
| **If a Current Fee, Who is charged the fee?**  (For example, students in a particular degree program, year or major) |  | | | | |
| **If a Current Fee, briefly describe what it funds:** |  | | | | |
| **Current Fee Amount** | $\_\_\_\_\_\_\_\_ | **FY 21-22 Budgeted Revenue** | | $\_\_\_\_\_\_\_\_\_\_ |  |
| **Current Fee Frequency** | Term  Credit Hour  Annually  Course  Other\* | | | | |
| **Requested Fee (Total) Amount** | $\_\_\_\_\_\_\_\_\_\_\_\_\_ (current plus increment) | | | | |
| **Increase/Decrease/New (Incremental) Amount** | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Requested Fee Frequency** | Term  Credit Hour  Annually  Course  Other\* | | | | |
| **Increase/Decrease Percentage** | \_\_\_\_\_\_\_\_% | **Estimated Additional Revenue** | | $\_\_\_\_\_\_\_\_\_\_\_ | |
| **Effective for Which Term and Year** | Fall 2022  Spring 2023  Summer 2023  Summer 2022 (for Summer start programs and courses only, unless clearly defended) | | | | |
| **Last Year Fee was Increased** | 20\_\_ | **Last Increase Percent** | | \_\_\_\_\_\_\_\_% |  |
| **Current Fee Reserve Balance** | $\_\_\_\_\_\_\_\_ | | | | |
| **Certification for COLA Increase**  **or Fee Elimination**  Student input is not required if the amount of the current fee increase is approved COLA or less, unless the request adds a new purpose for the fee revenue. | a. Is this a current fee increase request for no more than approved COLA?  Yes  No  *If yes, by submitting this form, I certify that this request is directly related to the current approved fee purpose and is presented here to address defensible inflationary increases in the costs funded by the current fee. I certify that I have not requested the equivalent of more than one year of COLA increase in this request.*  b. Is this a request to eliminate a current fee?  Yes  No | | | | |

**\*If “Other” is checked, please provide a detailed description in “Rationale for Request” below.**

**Rationale for Request**

Include a detailed explanation of what the new fee or current fee increase will fund, why it is necessary, what exactly will be purchased or positions hired. If this is a fee decrease request, please explain why the fee can be decreased.

**Purpose and Use of the Current Fee as Prior Approved by the Board of Regents**

Below, provide the fee purpose as approved by the Board of Regents. If the request is for a new fee, state “not applicable.”

**Proposed Fee Purpose and Application of Fee**

If the request is a change in purpose or a new fee, include a detailed explanation of what the fee will be used for and what the revenues will fund. If the request proposes to change who pays the fee, please detail this. If the request does not change fee purpose or application, state "not applicable."

**Student Impact**

Include a detailed explanation of how the new fee or current fee increase will support student success, retention, and graduation.

**If fee is reduced or eliminated, STOP HERE.** No need to complete rest of the form.

**Student Input Summary**

Student input is required for all new fees and fee increases above COLA. Include a summary of steps that were taken to seek input, what was stated in response to request for input, including dates that input was both requested and received. Identify mechanism for student input (per Student Fee Request Submission Requirements and Process). Attachments can be provided but they cannot replace summary below. Minimize attachment size by minimizing e-mail strings. While student input may not be all positive, it does need to be meaningful and well-documented. If feedback is not supportive, indicate how student feedback was considered before submitting proposal.

Student Input **not** required if:  Fee Decrease  Fee Elimination  Cost of Living Increase

**Budget**

If this is a new fee, an increase in fee of any amount, or a decrease, the required Excel form for the fee revenue budget must be included with the request. Please indicate below that Form B or C has been attached.

**Request Submission Approvals**

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Department/Requester Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Manager of School or College Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean or applicable Associate Vice Chancellor Date

**Please submit completed forms or questions to:**

Jennifer St. Peter, AVC Budget

Jennifer.stpeter@ucdenver.edu

**Determination**

* This request is approved for FY 22-23 and will be submitted to the Regents for their authorization.
* This request is not approved for FY 22-23 for the following reasons:
* The budget was not accurate or not well defined.
* The student feedback was not sufficient or not addressed.
* The rationale was not strongly defended.
* The forms were not completed.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* This request is approved for FY 22-23 with the following modifications:

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Vice Chancellor (or designee) Signature

On behalf of the Provost and Senior Vice Chancellor of Administration and Finance

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Date