ORAL ROBERTS UNIVERSITY

Fee Proposal

☐ Proposed New Fee  ☐ Proposed Change in Existing Fee

Please complete a separate proposal for each fee (or set of fees) being proposed by your department.

Department: ___________________________________________

Contact Person: ___________________________ Phone & Email: ___________________________

Name of Fee: ___________________________________________

Purpose of Fee: ___________________________________________

Course Number: ___________________________ CRN #’s __________ Name of Course: ___________________________

Amount of Fee: ___________________________ Date/Semester of Implementation*: ___________________________

If a new fee:

If the fee is a course fee, contact the Office of the University Registrar to develop appropriate information and timing for implementation of the fee. Note that all student fees shall be assessed by the Office of the University Registrar and collected by the Student Accounts Office.

Who will pay the fee:

☐ Only students in courses delivered online

☐ Only students in courses delivered in traditional classrooms

☐ All students

Basis of the fee(s): How was the fee determined and calculated? Include an estimate of revenue and expense.

Account and Cost Center to be credited: Revenue Account Cost Center

Are there other funds supporting this activity/function? If yes, please list them:

If an existing fee:

Describe the origin of the fee. When was it started and by whom? (Attach documentation.)

How often is the fee adjusted? When was it last adjusted?

What process is used to adjust the fee?

Account and Cost Center to be credited: Revenue Account Cost Center

Approvals

Department Chair/School Director ___________________________ Date

School Dean ___________________________ Date

Vice President for Academic Affairs ___________________________ Date

Vice President for Finance ___________________________ Date

Rev. 2009