



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

All fee proposals must be submitted to the Vice President for Academic Affairs in November in order to be considered for the upcoming Fall Term.

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

All fee proposals must be submitted to the Vice President for Academic Affairs in November in order to be considered for the upcoming Fall Term.

Approvals

| | |
|-------------------------------------|-------|
| Department Chair/School Director | _____ |
| | Date |
| School Dean | _____ |
| | Date |
| Vice President for Academic Affairs | _____ |
| | Date |
| Vice President for Finance | _____ |
| | Date |