MARQUETTE UNIVERSITY
MASTER FEE REQUEST FORM

What is a fee?
A fee is an additional charge imposed by a university unit or department to students to recover, in whole or in part, the costs related to providing and maintaining any additional services which are above and beyond the normal scope of the scheduled class work or program requirements. Units should not request additional student fees to augment current operational and / or capital budgets.

This request form should only be used for programs that are currently approved by the university and operational. Any new program will need to be approved first before fee assessments can be considered. All fee requests need to be approved and submitted to the Bursars Office by the end of October, prior to the beginning of the new fiscal year. No requests for additional fees can be approved outside the university budget building process.

Name of Person Initiating Request
Title
Telephone

College
Department
Contact for Implementation

Type of Fee: □ Class Fee □ Service Fee
Provide brief description of proposed fee and explanation of how revenue will be used:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Students to be Assessed Fee: □ Full time Ugrad □ Part Time Ugrad □ HESP
□ Grad □ Law □ Dental □ Grad Dental

How often will fee be assessed: □ Each Term □ Once/academic year □ One time only

How will fee be collected: □ Bursar □ Other
Provide explanation

Estimated effect on Annual Revenue and Cost to Marquette University:

1. Estimate number of students that will participate: __________
2. Fee per student: $____________
3. Estimate Annual Revenue (1x2): $____________
4. Estimate Annual Cost (itemize below): $____________

Explanation of Annual Cost:

________________________________________________________________________

________________________________________________________________________
RECOMMENDATION/APPROVAL
(Refers to fee request only)

1. Signature of person initiating request: ______________________ Date:__________

2. Signature of Dean/Director: ______________________ Date:__________

3. Signature of Provost: ______________________ Date:__________

4. Signature of Budget Office: ______________________ Date:__________

5. Submit to the Office of the Bursar for Processing: ________________
   Date:__________

Revised 7/27/2012