

**University Student Fees Committee**

**DATE:**

**TO:**

**FROM:**

**RE:**

**Brief Description of the Request**

*Please describe the fee request and explain why it is being brought to the University Student Fees Committee. And please fill in the table below and leave it in as part of the description of the request, if applicable.*

|  |  |
| --- | --- |
| **Request category**  | Choose an item. |
|  |  |
| **If new program, is it intended to be MCU funded?** | Choose an item. |
| **Description of Program and Plan. Please also suggest description strings to be used in Mosaic** Program:ACAD\_PROG (5 chars length) DESCR (max 30 chars length) Plan:ACAD\_PLAN (max 10 char length) DECSR (max 30 chars length)  |  |
| **Indicate the proposed fee amount(s) by Fee Type:** (Under Fee Type, please specify if the fees specified are program, course, term, unit, or annual fees) **Domestic Tuition:** **International Tuition:** **Supplementary Fees:** |

|  |  |
| --- | --- |
| **Fee Amount ($)** | **Fee Type** |
|  |  |
|  |  |
| Choose an item. | Choose an item. |
|  |  |

 |
| **How fees will be charged?** (Proposed program or annual fees that are charged or payable by term should preferably be divisible by 3.)  |  |

Additional Notes, if applicable:

**Brief Description of the Program or Issue**

*Please provide a brief description of the relevant program or issue associated with the request to USFC. For programs, please include at the minimum the program name, department/faculty, and certification received upon degree completion.*

**Rationale for Fees or Issue**

*Please provide the rationale for the proposed fees/request.*

*If new program tuition and/or supplementary fees, rationale should include fees charged by similar programs within McMaster or at other institutions or any other relevant information.*

*If existing program tuition and/or supplementary fees, explain why the proposed change is necessary. Explain the process/procedure for approval of the supplementary fees and the outcome. Describe the method of fee collection.*

**Proposed Timelines**

|  |  |
| --- | --- |
| **Deadline for University Student Fees Committee Decision:** | Click here to enter a date. |
| **Rationale for requiring University Student Fees Committee decision by the above date:** |  |
| **Please indicate effective start date (month/year) for new program/fees:** | Click here to enter a date. |
| **Need Board approval for fees by:** | Click here to enter a date. |

**Additional Information**

*Please provide any other additional information. You may provide attachments. For new programs, please attach the completed Program Costing Template.*

If this request relates to a **new fee** you are advised to connect with Accounts Receivable (arteam@mcmaster.ca) prior to submitting this proposal to USFC in order to discuss on how to code this new fee into the Mosaic system. Please provide the following information:

Fee Description - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(max 30 characters - displays on the student account)

Type of Fee:

[ ]  Application fee

[ ]  Admission Deposit

[ ]  Miscellaneous Deposit (keys/cards)

 [ ]  Refundable upon return

[ ]  Charge

[ ]  Tuition

 [ ]  Supplementary

 [ ]  Miscellaneous

 [ ]  Residence

 [ ]  Meals

 [ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax form:

T2202 Eligible YES [ ]  NO [ ]

Revenue Chartfields:

|  |  |  |  |
| --- | --- | --- | --- |
| **Operating** |  **Values** | **Research** | **Values** |
| Fund |  | Fund |  |
| Account |  | Account |  |
| Department |  | Department |  |
| Program  |  | PC Business Unit |  |
|  |  | Project |  |
|  |  | Activity |  |
|  |  | Analysis Type |  |

I/We have contacted Accounts Receivable (arteam@mcmaster.ca): YES [ ]  NO [ ]