University of California, Berkeley

# Miscellaneous Student Fee Proposal Form

Information about the Miscellaneous Student Fee Policy can be found at: <http://policy.ucop.edu/_files/da/da2559.pdf>

**Completed and signed forms should be returned to** [**studentfees@berkeley.edu**](mailto:studentfees@berkeley.edu)**.**

|  |  |
| --- | --- |
| Department/Division Information | |
| College/School |  |

|  |  |
| --- | --- |
| Contact Information | |
| Name |  |
| Email Address |  |
| Phone Number |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposal Information | | | | | |
| Fee Title | | |  | | |
| Proposed Effective Date (Semester/Year) | | |  | | |
| Fee Amount per Student | | |  | | |
| Is the fee one time or recurring? | | |  | | |
| Who is the fee applicable to? (undergraduate/graduate/self-supporting program students) | | |  | | |
| **Proposed Action** | | | | | |
| Establish a new fee in the amount of | | | |  | |
| Increase fee amount | from |  | | to |  |
| Decrease fee amount | from |  | | to |  |
| Consolidate existing fees | *List fees to be consolidated here.* | | | | |
| Eliminate a fee |  | | | | |

|  |  |
| --- | --- |
| Summary of Costs Included in Miscellaneous Student Fee | |
| **Personnel** | **Annual Cost Included in MSF** |
| Salaries and Wages |  |
| Employee Benefits |  |
| Total Personnel Costs | $0 |

|  |  |
| --- | --- |
| **Materials and Supplies** | **Annual Cost Included in MSF** |
| Office Supplies |  |
| Laboratory Supplies |  |
| Communications |  |
| Rents and Utilities |  |
| Publications and Media |  |
| Other |  |
| **Total Supply Costs** | $0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment Description** | **Purchase Cost** | | **Years of Useful Life** | **Annual Cost to MSF** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **Total Equipment Amortization Charged to MSF** | |  | | |

|  |  |
| --- | --- |
| **Total Expenses** |  |
| **Financial Aid** |  |
| **Projected Number of Students Annually** |  |
| **Calculated Fee per Student** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Costs of Expenditures Included in the Miscellaneous Student Fee | | | | |
| **Personnel Detail** *(Complete this section if the Miscellaneous Student Fee will include costs for salaries/wages or employee benefits.)* | | | | |
| **Job Title** | **Annual Salary** | **Annual Benefit Cost** | **% of FTE Dedicated to MSF Activity** | **Total Salary & Benefit Cost** |
|  |  |  |  | $0 |
|  |  |  |  | $0 |
|  |  |  |  | $0 |

|  |  |  |
| --- | --- | --- |
| Materials and Supplies Detail | | |
| *You may attach additional worksheets.* | | |
| **Office Supplies Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |
| **Laboratory Supplies Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |
| **Communications Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |
| **Rents and Utilities Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |
| **Publications and Media Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |
| **Other Description** | **Total Cost to Department** | **Cost Included in MSF** |
|  |  |  |

|  |
| --- |
| Further Details |
| 1. Provide a brief description of the services of materials covered by this fee. |
|  |
| 2. Provide a brief description of the equipment covered by this fee. |
|  |
| 3. What is the expected benefit to the students who will be paying this fee? |
|  |

|  |
| --- |
| 4. What are the consequences if the proposed fee is denied or if it is approved for only a partial, lesser amount? |
|  |
| 5. If this is a new fee, what resources have been used in the past to cover the associated expenses? Why are these resources no longer sufficient? |
|  |
| 6. If this is a request to increase an existing fee, what has changed to cause the current fee level to not be sufficient? |
|  |
| 7. Describe the student consultation process and include a synopsis of student responses. If needed, you may attach any supplementary information (actual survey results, actual student answers, etc.) that was collected. |
|  |

|  |  |
| --- | --- |
| Approvals | |
| Divisional Finance Lead Name |  |
| Signature |  |
| Date |  |
| Dean/Vice Chancellor Name |  |
| Signature |  |
| Date |  |