# Section 7. FACULTY CONSULTATION

**Program:**

(Enter name and brief description. Example: Master of Design (MDes). A full-time, three-semester, on-campus, 38 units program.)

# Fee Level: $

(Enter current and proposed fee levels below.)

# 2022-23 2023-24

**$ $**

# Proposed Fee Level: $ , % Increase / Decrease

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_

# How did the consultation take place?

Choose one: Email

Town Hall Focus group Zoom meeting

In-person meeting

one-on-one discussion Other (please describe)

Feedback

# 7.a. Program characteristics as they relate to the fee levels proposed for approval.

Is the proposed fee level appropriate for the type of program and how the program will be operated (e.g., part-time, summer, online, using adjunct faculty, etc.)?

# 7.b. The proposed program fee level is: High/ Low/ Just Right