University of California, Berkeley

# Course Materials and Services Fee Proposal Form

Information about the Course Materials and Service Fee Policy can be found at: policy.ucop.edu/doc/3100634/CourseMaterialsAndFees

**Completed and signed forms should be returned to** **studentfees@berkeley.edu****.**

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| Department Information |
| School/College |  |
| Department/Unit/Program |  |
| Course Title |  |
| Course Number |  |
| Undergraduate or Graduate/Professional |  |
| CMSF Chartstring |  |

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| Contact Information |
| Department Contact |  |
| Email Address |  |
| Phone Number |  |

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| Proposal Information |
| **Proposed Action** |
| Effective Date of Fee (Semester/Year) |  |
| *Check appropriate box below.* | *List the change in the amount that you are proposing.* |
|  | Establish New Fee | **Amount of Fees Proposed** |
|  | Increase Existing Fee | From: |  | To: |  |
|  | Decrease Existing Fee | From: |  | To: |  |
|  | Eliminate Fee | Amount of the fee being eliminated |  |

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| Fee Detail Calculation |
| **Description of Materials provided** | **Annual Cost** | **Estimated Number of Students** | **Cost per Student** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | $0.00 |  |  |
|  |  |  |   |
| **Proposed Fee Per Student** |   |
| **Amount Covered by Department** | $0.00 |

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| Annual Financial History for Existing CMSF Only |
|  | **Prior Year Actual** | **Current Year Projected** | **Next Fiscal Year** |
| Prior Year Ending Balance |  |  |  |
| CMSF Revenue Collected |  |  |  |
| Total Expenditures |  |  |  |
| Remaining Balance | $0 | $0 | $0 |

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| Further Details  |
| 1. Provide a brief description of the materials, tools, services, or special supplemental educational experience provided as part of the course. |
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| 2. What are the consequences if the proposed fee is denied or if it is approved for only a partial, lesser amount? |
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| 3. If this is a new fee, what resources have been used in the past to cover the associated expenses? |
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| 4. If this is a request to increase an existing fee, what has changed to cause the current fee level to not be sufficient? |
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| 5. Describe how students can apply for a waiver of the CMSF in cases of financial hardship. |
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| Approvals |
| Department Chair/Director Name |  |
| Signature |  |
| Date |  |
| Dean/Vice Chancellor Name |  |
| Signature |  |
| Date |  |