# Course Materials and Services Fee Proposal Form

Information about Course Materials and Services Fee policy and guidance can be found at: <https://cfo.berkeley.edu/student-fees/cmsf>

**Return completed forms to** [**studentfees@berkeley.edu**](mailto:studentfees@berkeley.edu) **by December 6, 2019**

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| Section 1: Department and Contact Information | |
| School/College |  |
| Department/Unit/Program |  |
| Department Contact |  |
| Email Address |  |
| Phone Number |  |

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| Section 2: Course and Program Information | |
| Course Title |  |
| Course Number |  |
| Course is a/n | ⃝ Undergraduate Course  ⃝ Graduate/Professional Course |
| Course is Part of Department’s  Core Curriculum | ⃝ Yes ⃝ No  ⃝ Other (describe): |
| Approximate Total CMSF Cost for a Major to Complete Required Department Courses | $ |
| Maximum CMSF Cost to Major in this Department | $ |
| Proposed CMSF Chartstring | 40563-20218-XXXXX-XXXXX |

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| Section 3: Proposed Action | | | | | |
| ⃝ | Establish New Fee\* | Amount of new fee: | Year 1: $ | Year 2: $ | Year 3: $ |
| ⃝ | Increase Existing Fee\* | Current fee: $ | Year 1: $ | Year 2: $ | Year 3: $ |
| First Effective Semester & Year of Proposed Action: | | | | | |

\***Note**: UCOP and campus policy require that any fee increases be *moderate* and *gradual*. CMSFs that

accrue surplus balances in a given year are ineligible for future increases until surplus is resolved.

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| Section 4: Fee Detail Calculation | | | |
| **Description of Materials provided** | **Annual Cost** | **Estimated # of Students** | **Cost per Student** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |
| **Total** | $ |  | $ |
| **Proposed Fee Per Student\*\*** | | | $ |
| **Amount Covered by Department (Per Student)** | | | $ |

\*\***Note**: Per UCOP policy, the proposed fee per student should not exceed total cost per student.

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| Section 5: Annual Financial History (for Existing CMSFs Only) | | | |
|  | **Prior Year Actuals** | **Current Year Estimate** | **Next Year Projection** |
| Beginning Balance | $ | $ | $ |
| CMSF Revenue Collected | $ | $ | $ |
| Total Expenditures | $ | $ | $ |
| Remaining Balance | $ | $ | $ |

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| Section 6: Additional Details |
| 1. Provide a brief description of the materials, tools, services, or special supplemental educational experience that will be covered by the proposed fee or fee increase. |
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| 2. What are the consequences if the proposed new fee or fee increase is denied or if it is approved for only a partial or lesser amount? |
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| 3. Describe how students can apply for a waiver of the CMSF in cases of financial hardship. |
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| 4. If this is a new fee, what resources have been used in the past to cover the associated expenses? |
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| 5. If this is an increase to an existing fee, describe what has changed to require this increase. |
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| Section 7: Student Consultation (for New CMSFs Only) |
| Campus policy mandates that departments ensure student consultation in the proposal review process. Describe your student consultation process and summarize students’ feedback on this proposal.  Please submit alongside this proposal any documentation of your outreach efforts and letters of support from the student body. |
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| Section 8: Approvals | |
| Department Chair/Director Name |  |
| Signature |  |
| Date |  |
| Dean/Vice Chancellor Name |  |
| Signature |  |
| Date |  |