



THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
FEE REQUEST FORM

INSTRUCTIONS: Please use this form to request change(s) to an existing fee. Unless specified otherwise, fully approved changes will become effective for the upcoming Fall semester. Email Planningandanalysis@utrgv.edu with any questions and comments.

SECTION A.

☐ NEW ☐ CHANGE

Requestor (Name): _____ Email: _____ Phone #: _____

Division: _____ Dept.: _____ Mail Stop: _____

Cost Center Name and Number (if existing fee): _____

SECTION B. (Address only items that are changing, Character Limit = 300 Characters)

NAME OF FEE:

Current: _____

Proposed: _____

RATE:

Existing Rate: _____

Proposed Rate: _____

DESCRIPTION OF INITIATIVE/PROGRAM:

Discuss how the change(s) will improve graduation rates, lessen time to degree, and support UTRGV's priorities. If a lab fee, list the courses to be assessed.

CURRENT OFFICIAL FEE DESCRIPTION:

PROPOSED CHANGE TO OFFICIAL FEE DESCRIPTION:

This description is critical. When questions arise, it will be referenced by the Planning and Analysis Office in determining whether an expense in question is allowed. Please email planningandanalysis@utrgv.edu if assistance is needed in developing a sound official fee description.

STUDENT IMPACT:

Estimate the annual number of students impacted by this fee and describe the student population.

PRICING ANALYSIS:

Provide market analysis including comparisons with rates at peer or comparable regional institutions. Describe your market research process and methodology.

SECTION C. (Enter Annual Amounts)Current Balance (*if existing fee*): _____

Discuss how the current balance, if any, will be used (generally, all funds should be expended except in cases where a cyclical expenditure is planned, e.g., equipment). Also, discuss balances identified in Section D.

SECTION D. (Enter Annual Amounts.)

Estimated Income:	
Beginning Balance (<i>if existing fee</i>)	
Salaries/Wages (<i>if funding a position, provide the title and rate</i>):	
Operating:	
Travel:	
Capital/Equipment:	

Total Expenses: _____*** Estimated Balance, At Year End:** _____

* The Balance Should be Zero unless the balance is intended to grow in order to make "large" periodic purchases.

Discussion of Expenditures:

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* The balance should be zero unless the balance is intended to grow in order to make "large" periodic purchases. If the balance is not zero, please include an explanation in the discussion portion of Section C.

REFUND TYPE:

- ☐ Refundable
☐ Not Refundable

CHARGE BY:

- ☐ Course ☐ SCH
☐ Semester ☐ Other _____

APPROVALS_____
Dean/Director Signature_____
Date_____
Division Head Signature_____
Date