ON- or OFF-CAMPUS ACADEMIC PROGRAM FEE REQUEST TO BILL ON STUDENT ACCOUNTS

FEE COMMITTEE, UNIVERSITY OF MICHIGAN

This is form is for unique on-campus or off-campus (domestic) educational program fee requests that facilitate a specific academic program of study, a cohesive set of learning experiences, or necessary support functions to them. Email the completed form and a supporting budget template to the Fee Committee at the following address: FeeComm@umich.edu.

School or College

Department

Shortcode

Department ID

Program City or County, and State

Program Fee Title (descriptive of program, location, purpose, or activity)

Related Academic Program Name, Field of Study, Location or Facility

Select how fee should be applied to student accounts?

All students in Acad Program or Plan

Academic Program, Plan, Course, or Other Assessment Detail:

Requested Fee Amount per Student

Effective Term and Year

Please provide a brief description of the program fee and it's educational purpose/need/justification:

Requestor's First and Last Name

Uniqname

Phone

Requestor's Signature

Date

Dean's Office Approver Name

Date

Dean's Office Approver Endoresement