



Office of the Provost & Vice President for Academic Affairs  
 Wetherby Administration Building 239  
 Phone: 270-745-2296

## Course & Program Fee Request

### Only for programs without differential tuition

*Please refer to the Rubric for Course and Program Fees prior to completing request form. Requests due September 1<sup>st</sup> for consideration for the next academic year. Departments will be notified of the Approval/Disapproval of the fee by November 1<sup>st</sup>.*

Program fee and course fee usage reports are required by the Provost's Office on an annual basis. Expenditures are restricted to those purposes identified in the department's approved request.

**Fee Type:**     **Program Fee: Assessed**     **Per Semester**     **Per Year**     **Per Credit Hour**  
 **Course Fee**

**Check One:**     **Establish a New Fee**            **New Fee Amount:** \_\_\_\_\_  
 **Revision to an Existing Fee (check all that apply)**  
                      **Change amount from \_\_\_\_\_ to \_\_\_\_\_**  
                      **Change approved usage**  
                      **Resubmission at request of Office of the Provost**  
 **Eliminate Existing Fee**

**Only one fee type is generally permitted; program or course fee, but not both.**  
 **Only one fee type is used**

**A SEPARATE REQUEST IS REQUIRED FOR EACH COURSE AND/OR PROGRAM**

**For Program Fees:**

**Name of Program:** \_\_\_\_\_ **Program Code:** \_\_\_\_\_

**Proposed Name for Fee (if different than applying program):**

**For Course Fees:**

**Course Number:** \_\_\_\_\_ **Course Title:** \_\_\_\_\_

Please attach a statement addressing all of the following for the proposed new or revised fee:

1. What population of students will be assessed? (e.g. all students, main campus students, students in a specific major, student level (e.g. freshmen, sophomore), student classification (i.e. undergraduate, graduate, doctoral, full-time, part-time)). Provide reference numbers as appropriate. How many students will the fee affect?
2. Provide a 3 year history of all fees assessed within the academic program/major of the proposed new or revised program fee and list any course fee(s) that will be eliminated with the approval of the program fee.
3. Describe the direct benefit to students in terms of enhancing or enriching the student learning experience. Include direct impact on recruitment, retention, and persistence if applicable.
4. In the budget spreadsheet, provide an estimate of expected annual revenue, and the proposed expenditures the fee will cover. If this is a current fee, please indicate the current revenue and how it is being utilized.
5. Compare the proposed fee with those from University's benchmarks and other Kentucky public institutions.
6. What will the department have to eliminate in the departmental budget if this fee is not approved?
7. Please provide additional documentation as needed.

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Endorsement from Dean's Office: \_\_\_\_\_ Date: \_\_\_\_\_

*Requests and support documentation may be sent electronically to [jessica.gilland@wku.edu](mailto:jessica.gilland@wku.edu).*

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Date received by Provost's Office: \_\_\_\_\_  Approved  Denied

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_