



Non-Mandatory Fee (New/Increased) Proposal
(Fees Subject to EVC Approval Based Subject to [Regents' Rule 40401](#))
The University of Texas System Office of Health Affairs

Institution:	Contact Person:
Type of Fee:	Name of Fee:
Current Fee Rate (<i>if new, enter \$0</i>):	Date of Last Increase (<i>if new, leave blank</i>):
Proposed Fee Rate:	Charge Basis (<i>per SCH/semester/annual</i>):
Proposed Effective Date of New/Increased Fee:	
Statutory Authority for Collecting Fee:	

Estimate the number of students potentially impacted by this fee:

Rationale for requesting an increase to an existing fee or charge or for requesting a new fee. Indicate why other sources of revenue are not appropriate to support this fee and outline the use of the fee:

In pricing the requested fee, please list and attach any supporting evidence of market analysis and comparison of the fee to other peer or comparable regional institutions. If the proposed fee is not easy to compare to other institutions, please provide compelling evidence as to why the proposed fee differs significantly. Describe your market research process and methodology:

Signature of Institutional President (Covered in attached letter)