SIMON FRASER UNIVERSITY

To: Advisory Committee on Mandatory Supplementary Course Fees

Department:_____

Faculty:_____

Fee for consideration: $_____ per semester

Course(s):_____

Is this a new fee?

YES: _☐_

Description of costs per semester:_____

_____

% Cost Recovery:_____

NO: _☐_

Current Fee: _____

Proposed Fee: _____

% Change: _____

Rationale for Change:_____

_____

_____

% Cost Recovery: _____

Submitted by:_____

Originator: _____

Dean: _____

Date: _____

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