



**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:** \_\_\_\_\_