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: __________________________________