**graduate school**

Colorado State University

1005 Campus Delivery

Fort Collins, CO 80523

www.graduateschool.colostate.edu

**CSU GRADUATE DIFFERENTIAL TUITION REQUEST FORM:  
FIRST-TIME OR SUBSEQUENT ASSESSMENT REQUESTS**

*The assessment request must be submitted to the Dean of the Graduate School by February 20, with approval from the Department Head and the College Dean. Requests are submitted annually in order to be reviewed and approved for the following fall semester; new assessments are made only in the fall semester if approved by CSU and the Board of Governors. Program directors may contact the Director of the Office of Budgets after June 15 for feedback on the BOG’s approval decision.*

***Complete all numbered items below.***

A. Required Administrative Information

1. College name, Dean’s name, signature/date of approval:
2. Department name, Department Head’s name, signature/date of approval:
3. Department contact/email:
4. Name of Degree:
5. Degree type (PhD, PD, MS, MA: Plan A, Plan B, Plan C, Professional Science Master’s):

B. Required Differential Tuition (DT) Information

***PLEASE NOTE THE FOLLOWING****:*

* Students are charged for all RI courses that they enroll in, regardless of whether the credits have the degree program prefix or not, and regardless of how many credits a student enrolls in each semester. If the student enrolls in an RI course, the student will be assessed DT, even if it is NOT in the student’s Program of Study. This policy applies to whichever assessment system is applied, per-credit or semester. (Different rules may apply if there is a college differential tuition assessment. Contact the Vice Provost for Graduate Affairs to discuss.)
* When differential tuition is approved, it will be assessed to all students in the program, regardless of the admission term. *ALL students impacted by an increase in differential tuition* ***must*** *be informed of the change in an email. This information must also be included in the department’s/program’s student handbook and posted on the program’s website.*
* The standard DT assessment method is for DT to be billed on a per-credit basis. This approach works best for students - regardless if they are enrolled part or full-time - and also ensures that the degree program receives the correct amount of the anticipated program charge. *Degree programs may propose a per-student semester charge. Those doing so must provide a* ***strong rationale and documentation*** *that indicates that their intent is to admit and retain only full-time students. This assessment may also be appropriate for programs whose curricula do not prescribe a set of required courses but allow students to take a range of courses that fit within specified categories.*

1. Accounting contact/email:
2. Revenue account number where differential tuition should be recorded:
3. Proposed DT charging mechanism/amount (**choose one; see notes above**):
4. DT will be charged on a per credit basis: yes\_\_\_\_ no\_\_\_\_\_ Amount charged PER credit\_\_\_\_\_\_
   * Does the differential tuition charge apply to the summer term:

yes\_\_\_\_ no\_\_\_\_

* + Indicate any special considerations

**OR**

1. DT will be charged by semester: yes\_\_\_\_\_ no\_\_\_\_\_ Amount charged EACH semester\_\_\_\_\_\_ (See #5 above)
   * Does the differential tuition charge apply to the summer term:

yes\_\_\_\_ no\_\_\_\_

* + Indicate any special considerations:

C. Required Program Information

1. Overview of program
   1. Description of degree, credits, approximate length of program
   2. Unique characteristics of program
2. Comparison with similar programs
   1. Provide a total cost comparison with peer programs in the state/nation. *Your program costs must remain competitive.*
   2. Provide a cost comparison with other programs most similar to yours in your college. Compare to other programs at CSU if there are no other programs within your college.
3. Evidence of need for the program charge
   1. Provide justification for the specific services and/or resources that will be provided to the students as a function of the charge which would not otherwise be available.
   2. Are there budgetary challenges impacted by program development or accreditation requirements that support a program charge?
   3. Impact of charge on applications for student enrollment.
4. Description of how funding would be utilized if approved
   1. Budget
      1. Position type and number in each category:
         1. Faculty (tenure track, special appointment), administrative professionals, state classified, GTAs/GSAs, corresponding FTE and fringe.
      2. Other proposed expenses

Graduate School Dean’s signature/date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost’s signature/date of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director, Office of Budgets, signature/date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC: Associate Registrar

Department Head