MEMORANDUM

California State University, San Bernardino 5500 University Parkway, San Bernardino, CA 92407

DATE:

7/28/2020

TO:

Deputy Provost and Vice Provost

Academic Programs

FROM:

SUBJECT: MISCELLANEOUS COURSE FEE REQUEST

I am attaching the Miscellaneous Course Fee Request for:

If this request is approved, I would like the fee(s) or fee adjustment effective:

Attachments: I. Miscellaneous Course Fee Request

II. Itemized List

III. Fee Compliance Certification

Justification (include a justification for the exceptional instructional materials, services or use of an off campus facility that necessitate this fee or fee adjustment). Be sure to address the following:

The purpose of the fee (Is this fee for a new requirement or an existing requirement that has been funded by other means?);

Why it should be charged or adjusted and the consequences of not doing so; and b.

What other sources of revenue have been considered.

The purpose of this course fee for EREH 6624 is to cover the cost of exceptional instructional services required in order to train Rehabilitation Counseling graduate students in the use and interpretation of standardized assessment tools (an accreditation requirement) and will provide materials that would otherwise be unavailable to students, and will allow students to meet the educational objectives of this course.

The proposal is to charge a \$50 course fee per student for the required assessment tools. The costs of these assessment tools had been covered by a federal training grant, which is no longer available to the program. The College of Education and the Department of Special Education, Rehabilitation and Counseling cannot bear the costs of these assessments on an annual basis. No other sources of revenue are apparent to meet this need.

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Miscellaneous Course Fee Request

(Charge for exceptional materials, services, or use of an off-campus facility)

To be completed when requesting to initiate or change miscellaneous course fees and submitted along with the cover memo to the Associate Provost for Academic Programs through the Academic Scheduling Office

Action Requested:XXEstablish		
		ent Fee Level - From: To:
COURSE NUMBER: <u>EREH 6624</u> COURSE TITE Group of courses:	TLE: Assessment, R	Effective lesearch & Program Eval Amount:\$50.00 Date:7/27/20
complement of supplies needed for state-supplies materials or services that have a tangible bene	onted instruction. The	se of off-campus facilities used in concert with the basic hese miscellaneous course fees should provide
Courses which involve miscellaneous course f	ees must be identif:	and the state of t
the Schedule of Classes. Funds received from accounts and expended only for the purposes	n miscellaneous cou approved.	ed in the university Bulletin and the amount stated in rse fees must be deposited into campus local trust
I. Exceptional Instructional Materials and	Services:	
1. The fee supplements the basis comple		
instructional materials and services the better meet the education objectives of		and laboratory instruction by providing exceptional e unavailable to students, and which allow students to ich it applies.
Does this fee meet the	nis criterion? <u>XX</u>	YesNo
The fee can be no greater that the actuservices involved.	ual costs (may be ca	lculated on a pro rata basis) of the materials or
Does this fee meet the	nis criterion? XX	_YesNo
dollars, state university fee revenue, or	or which the fee will	be charged cannot be funded through marginal cost
orange distributy ree revenue, or	permanent base bu	dget allocations.
Does this fee meet the	is criterion?XX	_YesNo
Fee Calculation:		
for Section I based on appure		
for Section I based on annual cost (Complete A	ittachment II):	
<u>Item</u>	Current Cost*	Deletera
	Odirent Cost	Projected Cost
Form of the second		Year 1 Year 2 (Academic Year)
Exceptional Materials	\$	\$1,000\$1,000
Services	\$	\$ \$
Off Campus use of facilities or equipment	\$	\$\$
1. Total Cost (expenditures)		·
2. # of Users per year	\$	\$1,000 \$1,000
3. Cost Per User		20 20
(Line 1 Divided by Line 2)	\$	\$50 \$50
4. Requested Fee Level		
5. Current Fee Level	¢.	\$50 \$50
6. Increase or Decrease	\$	\$0 \$ 0
7. Total Revenue from Fees	•	\$
TOTAL COS	(Line O v. Line 5)	\$1,000 \$1,000
8. Non Course Fee Revenue	(Line 2 x Line 5)	(Line 2 x line 4)
to defray costs in line 1	Ψ	\$
Explain sources of non-course fee revenue	e. Department of C	assial Est. 11 Est. 11

Explain sources of non-course fee revenue: <u>Department of Special Education</u>, Rehabilitation & Counseling budget would be needed to cover costs of assessment tools. The course fee will cover purchasing assessment tools for the Assessment course offered 1x/year. This course is an accreditation requirement for students in the Rehab Counseling master's degree. A grant covered the costs in the past but is no longer available to the program.

NOTE: Complete Section II or III for FIELD TRIF	S OR OFF CA	MPUS FACILITIES/EQUIPMENT Fe	
II. Field Trips or Other Off-Campus Use of F Students may be charged for certain costs involvare the only such costs that may be required of	ved with the cor		s travel. The following
 B. Entrance fees to shows and exhibits, etc 	3.	*	sed on the trip.
Does this fee meet thi	s criterion?	YesNo	
III. Use of non-state supported or off campu. This charge is designed to apply particularly to o	rolved with the conduct of field trips or other off-campus travel. The following of students: a smeals, lodging and other personal expenses, etc. s, including a vehicle and/or equipment and materials used on the trip. this criterion?		
 campus facility and/or utilizing rented ed The charge must not exceed actual cost on a pro rata basis. (Actual cost is defin No portion of the charge may be asset 	quipment. sts of the studer ed as the fee o ociated with co	nts' use of the facility or equipment be harged to the campus.) osts of providing a qualified instru	ut may be calculated
	ese criteria?	YesNo	
FEE CALCULATION: for Section II or III above based on annual cost	(Complete ATT	TACHMENT II):	
<u>ltem</u>	Current Cost*		(Academic Year)
Field Trip(s), Including Travel Costs Off-Campus Facilities Use Off Campus Equipment and Materials Use Other (specify)	\$	\$ \$ \$ \$	
 Total Cost (expenditures) # of Users per year Cost Per User (Line 1 divided by Line 2) 	\$ \$	\$\$_ \$\$	
4. Requested Fee Level5. Current Fee Level6. Increase or Decrease7. Total Revenue from Fees	\$ \$ (Line 2 times	\$	
Non Course Fee Revenue to defray costs in line 1 Explain sources of non course fee revenue	\$	\$ \$	
Use this column when there is	an existing fee	Junita S. Donnischet	07/30/20
(Department Chair)		(College Dean)	
101 : 0 = 1111	(Date)		
(President)	(Date)		
Approved by the Chancellor if required up	nder E.O. 1102	(amounts greater than \$150)	<u> </u>

ITEMIZED LIST

 <u>List Exceptional Instructional Materials</u> (general description) 	eral categories, incl	uding representat	ive examples)	
	Academic Year: _	nt Annual Cost	Projected Annual Cost	
	_		Year 1	Year 2
		Academic Year	2021-22	2022-23
			Year 1	Year 2
Strong Interest Inventory Profile Report, College Edition & MBTI Career Report	\$18.95/ea x 20			
MBTI Interpretative Report (Form M/Step I)			\$379	\$379
	\$19.95/ea x 20		\$399	\$399
COPS System Assessments	\$9.25/ea x 20		\$185	\$185
Total:	\$		\$ 963	_ \$ 963
List Services (general categories, including re Description	representative examples) Current Annual Cost Academic Year:		Projected Annual Cost	
			Year 1	Year 2
N/A				
Total:	\$		\$	\$
List Off-Campus Facility, Equipment and Mater representative examples)	erials Use, including	1 Field Trip Costs	(general cateo	ories including
Description		Annual Cost	Projected Annual Cost	
·	.oddernie real		Year 1	Year 2
N/A				
Total:	\$		_	
	Ψ		\$	\$Attachment