Western University of Health Sciences

Budget Development Process Phase I

Proposed Tuition Rate Adjustment Form

Fiscal Year 2021/2022

Proposed Tuition Rate Adjustment

College/Department Name: _____

Organization Number: _____

Prepared By: _____

Date: _____

Reviewed by Dean/Dept. Head: _____

Contact Person & Extension: _____

List program name, current rate, proposed tuition rate and fee adjustments, and justification/rationale by program.

Program	2020/2021 Rate $	2021/2022 Proposed Tuition % Adjustment	2021/2022 Proposed Tuition Rate $	Justification/Rationale