Western University of Health Sciences

Budget Development Process Phase I

Proposed Tuition Rate Adjustment Form

Fiscal Year 2023/2024

Proposed Tuition Rate Adjustment

College 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. If more space is needed for justification/rationale, please attach an additional page to this form.

Program	2022/2023 Rate $	2023/2024 Proposed Tuition % Adjustment	2023/2024 Proposed Tuition Rate $	Justification/Rationale