POLICY COVER SHEET
(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy) [3/09]

<table>
<thead>
<tr>
<th>Faculty/Staff Handbook [FSH]</th>
<th>□ Addition □ Revision* □ Deletion* □ Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Amendment □</td>
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<tr>
<td>Chapter &amp; Title:</td>
<td>Chapter 2: Student Affairs Policies 2800 Student Fees</td>
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</tbody>
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All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s): Trina Mahoney April 14, 2016
(Telephone & Email: 885-4387 tmahoney@uidaho.edu)

Policy Sponsor: (If different than originator.) Brian Foisy April 14, 2016
(Telephone & Email: 885-6174 brianfoisy@uidaho.edu)

 Reviewed by General Counsel Yes No Name & Date: ____________________________

I. **Policy/Procedure Statement:** Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.

All policies related to the approval of student tuition and fees are established by the State Board of Education. Chapter 2 Section 2800 reiterates State Board policy but due to revisions by the Board is currently out of date. All questions regarding appropriate approvals for tuition and fees should be addressed in the context of Board policy. This revision refers readers to the appropriate State Board policy while preserving the internal requirements related to the president’s interaction with ASUI and commitment to gathering student feedback.

II. **Fiscal Impact:** What fiscal impact, if any, will this addition, revision, or deletion have?

No direct fiscal impact but potential indirect impact related to fiscal compliance as units will not be relying on outdated policy.

III. **Related Policies/Procedures:** Describe other policies or procedures existing that are related or similar to this proposed change.

N/A

IV. **Effective Date:** This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: ____________________________
Track #: ____________ Date Rec.: ____________
Posted: t-sheet ____________ h/c ____________
web ____________
Register: ____________
(Office Use Only)

Policy Coordinator
Appr. & Date: ____________________________ [Office Use Only]

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________

[Office Use Only]

APM
F&A Appr.: ____________________________ [Office Use Only]

(Office Use Only)