

Academic Program Costing Analysis Form

Date:

Program Name:

_____ No costs are anticipated.

_____ Costs are anticipated but will be covered with existing departmental funds.

_____ Costs are anticipated and central funding is required. See detailed estimates below.

New Faculty Required (number and rank):

Estimated Costs:

New Staff Required:

Estimated Costs: \$

New Facility Costs Required:

Other Additional Costs:

Indicate if these costs are the same as those submitted on the Prospectus.

YES

NO

Signed _____ Date _____
(Department Head)

Signed _____ Date _____
(Dean/Administrative Officer)