**FEE REDUCTION PROPOSAL**

# Part A: Contact details

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| --- | --- |
| **Proposer** (name and position): |  |
| **Faculty** (Department/School)**:** |  |
| Please note the following:* It is expected that the proposer will be the point of contact for this proposal.
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# Part B: Proposal for fee reduction

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| --- | --- |
| **Type of proposed collaboration:** |  |
| **Proposed start date:** |  |
| **Proposed fee reduction:**Provide details on the proposed fee reduction and ratio to students |  |
| **Budget** Please confirm where the reduction will be held | Locally within Faculty Centrally  – if central, please provide justification: |

# Confirmation

I hereby certify that the statements and information in this form are true and correct, and I authorize the Fees, Bursaries and Scholarships Operations Group to investigate all statements or other information contained in this form and any attachments submitted with it.

|  |  |
| --- | --- |
| **Proposer Name:** |  |
| **Signature:** |  |
| **Date:** |  |

**Next stage:**

* Email the signed and dated fee reduction proposal form to the Head of Fees and Funding for submission to the Fees, Bursaries and Scholarships Operations Group for consideration.
* Once considered, the Head of Fees and Funding will sign and return the form to the Proposer.
* The proposer must submit this form together with the appropriate Business Case form for the appropriate Committee-level approval.
* Once approved via the appropriate Committee, it is expected that the person responsible for the scheme will:
	+ provide a list of the eligible students to Fees and Funding with the necessary information (URN, name, programme, agreed student ratio: reduction percentile) in order for the fee record to be established – **this information must be provided by mid-September prior to invoicing**
	+ send an electronic version of the signed and dated agreement to the Head of Fees and Funding

# Fees Bursaries and Scholarships Operations Group (FBSOG)

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| --- | --- |
| **Date proposal considered at FBSOG :** |  |
| **Outcome decision** | **Tick as appropriate** | **Reason/comments** |
| Proceed  |  | *Type your answer here* |
| Revise  |  | *Type your answer here* |
| Reject  |  | *Type your answer here* |
| **Head of Fees and Funding signature:** |  |
| **Project Code (Finance)****Email Emma Marrow to request an appropriate code is set up if one does not already exist for the proposed scheme** |  |