

## Appendix C - Five Year Financial Projections Worksheet

### St. Bonaventure University New Academic Program Proposal Five Year Budget and New Program Request for Additional Resources

	<u>Fiscal Year 1</u>	<u>Fiscal Year 2</u>	<u>Fiscal Year 3</u>	<u>Fiscal Year 4</u>	<u>Fiscal Year 5</u>
<b><u>I Revenue</u></b>					
Tuition					
Less: Unfunded Tuition Discounts					
Less: Funded Tuition Discounts					
Net Tuition Revenue					
Gifts - Unrestricted					
Gifts - Restricted					
Grants					
Other Income					
<b>Total Revenues</b>					
<b><u>II Personnel Expenses</u></b>					
Faculty Salaries					
Administrator Salaries					
Support Staff Salaries					
Adjunct Faculty					
Part-time Salaries					
Fringe Benefits					
Student Personnel					
<b>Total Personnel</b>					
<b><u>III Direct Expenses</u></b>					
Supplies					
Telephone					
Advertising and Public Relations					
Administrative Expenses					
Travel and Entertainment					
Copying					
Professional Fees					
Other					
<b>Total Direct Expenses</b>					
<b><u>IV Indirect Expenses *</u></b>					
(From Finance)					
<b><u>V Capital Expenses</u></b>					
Equipment (over \$1,000)					
Construction/Renovation					
Information Technology					

**Total Capital Expenses**

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**VI Start-up Expenses**

Promotion/Advertising

Publications

Other

**Total Start-up Expenses**


Include new revenues and expenditures only above and also include a list of all assumptions.

Separately, indicate any current resources being reallocated to this program.

\* List total square footage attributed to proposed program \_\_\_\_\_

**Appendix D - New Program Approval Form**

**FACULTY SENATE COURSE/PROGRAM ACCEPTANCE FORM**

COURSE/PROGRAM NAME:

COURSE NUMBERS:

Proposed by CHAIR: \_\_\_\_\_ Date: \_\_\_\_\_

Department members consulted:

\_\_\_\_\_  
\_\_\_\_\_

DEAN: \_\_\_\_\_ Date: \_\_\_\_\_  
Approve/Disapprove      Comments:

REGISTRAR: \_\_\_\_\_ Date: \_\_\_\_\_  
Review completed of course #s and names for all new courses

PROVOST & VPAA: \_\_\_\_\_ Date: \_\_\_\_\_  
Approve/Disapprove      Comments:

FACULTY SENATE: \_\_\_\_\_ Date: \_\_\_\_\_  
Approve/Disapprove      Comments:

PRESIDENT: \_\_\_\_\_ Date: \_\_\_\_\_  
Approve/Disapprove      Comments:



CC: Department: \_\_\_\_\_  
Registrar: \_\_\_\_\_  
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