

SOUTHERN OREGON UNIVERSITY
2004-05 Academic Year Tuition and Required Fees Per Term
Undergraduate Resident Tuition: With Mitigated Tuition Cap of 15% increas

Credit Hours	Undergraduate Tuition		FEES				Total Fees
	Residents	Non-Residents	Tech-nology	Building	Incidental	Health Service	
1	105.00	105.00	28.00	23.00	59.00	[94.00]	110.00
2	202.00	202.00	30.00	25.00	68.00	[94.00]	123.00
3	299.00	299.00	32.00	27.00	77.00	[94.00]	136.00
4	396.00	396.00	34.00	29.00	86.00	[94.00]	149.00
5	493.00	493.00	36.00	31.00	95.00	[94.00]	162.00
6	590.00	590.00	38.00	33.00	104.00	[94.00]	175.00
7	687.00	687.00	40.00	35.00	113.00	[94.00]	188.00
8	784.00	784.00	42.00	37.00	122.00	[94.00]	201.00
9	881.00	3,189.00	44.00	39.00	131.00	109.60	323.60
10	978.00	3,543.00	46.00	41.00	140.00	109.60	336.60
11	1,075.00	3,897.00	48.00	43.00	149.00	109.60	349.60
12	1,172.00	4,251.00	50.00	45.00	158.00	109.60	362.60
13	1,203.00	4,396.00	50.00	45.00	158.00	109.60	362.60
14	1,203.00	4,541.00	50.00	45.00	158.00	109.60	362.60
15	1,203.00	4,686.00	50.00	45.00	158.00	109.60	362.60
16	1,203.00	4,831.00	50.00	45.00	158.00	109.60	362.60
17	1,303.00	5,185.00	50.00	45.00	158.00	109.60	362.60
18	1,403.00	5,539.00	50.00	45.00	158.00	109.60	362.60
19	1,503.00	5,893.00	50.00	45.00	158.00	109.60	362.60
20	1,603.00	6,247.00	50.00	45.00	158.00	109.60	362.60

Each Add'l

Credit Hour 100.00 354.00

OHSU Nursing students will be assessed a \$3 needle stick fee in addition to the Health Service Fee. Health Insurance Premium Fee of \$15.60 may be waived with proof of other insurance coverage, this fee is included in the H Qualified tuition and fees do not include student health insurance fees for Tax Relief Act reporting. Note: For additional required fees, refer to Programmatic Resource Fees Table.

Credit Hours	Graduate Tuition		FEES				Total Fees
	Residents	Non-Residents	Tech-nology	Building	Incidental	Health Service	
1	259.00	259.00	28.00	23.00	59.00	[94.00]	110.00
2	521.00	521.00	30.00	25.00	68.00	[94.00]	123.00
3	783.00	783.00	32.00	27.00	77.00	[94.00]	136.00
4	1,045.00	1,045.00	34.00	29.00	86.00	[94.00]	149.00
5	1,307.00	1,307.00	36.00	31.00	95.00	[94.00]	162.00
6	1,569.00	1,569.00	38.00	33.00	104.00	[94.00]	175.00

7	1,831.00	1,831.00	40.00	35.00	113.00	[94.00]	188.00
8	2,093.00	2,093.00	42.00	37.00	122.00	[94.00]	201.00
9	2,355.00	4,161.00	50.00	45.00	158.00	109.60	362.60
10	2,455.00	4,336.00	50.00	45.00	158.00	109.60	362.60
11	2,555.00	4,511.00	50.00	45.00	158.00	109.60	362.60
12	2,655.00	4,686.00	50.00	45.00	158.00	109.60	362.60
13	2,755.00	4,861.00	50.00	45.00	158.00	109.60	362.60
14	2,855.00	5,036.00	50.00	45.00	158.00	109.60	362.60
15	2,955.00	5,211.00	50.00	45.00	158.00	109.60	362.60
16	3,055.00	5,386.00	50.00	45.00	158.00	109.60	362.60
17	3,317.00	5,848.00	50.00	45.00	158.00	109.60	362.60
18	3,579.00	6,310.00	50.00	45.00	158.00	109.60	362.60
19	3,841.00	6,772.00	50.00	45.00	158.00	109.60	362.60
20	4,103.00	7,234.00	50.00	45.00	158.00	109.60	362.60

Each Add'l

Credit Hour 262.00 462.00

OHSU Nursing students will be assessed a \$3 needle stick fee in addition to the Health Service Fee.

Health Insurance Premium Fee of \$15.60 may be waived with proof of other insurance coverage, this fee is included in the H
 Qualified tuition and fees do not include student health insurance fees for Tax Relief Act reporting.

Note: For additional required fees, refer to Programmatic Resource Fees Table.

se over Spring 2004 tuition rates

Total Fees + Tuition Residents	Total Fees + Tuition Non-Residents
215.00	215.00
325.00	325.00
435.00	435.00
545.00	545.00
655.00	655.00
765.00	765.00
875.00	875.00
985.00	985.00
1,204.60	3,512.60
1,314.60	3,879.60
1,424.60	4,246.60
1,534.60	4,613.60
1,565.60	4,758.60
1,565.60	4,903.60
1,565.60	5,048.60
1,565.60	5,193.60
1,665.60	5,547.60
1,765.60	5,901.60
1,865.60	6,255.60
1,965.60	6,609.60

Health Service Fee.

Total Fees + Tuition Residents	Total Fees + Tuition Non-Residents
369.00	369.00
644.00	644.00
919.00	919.00
1,194.00	1,194.00
1,469.00	1,469.00
1,744.00	1,744.00

2,019.00	2,019.00
2,294.00	2,294.00
2,717.60	4,523.60
2,817.60	4,698.60
2,917.60	4,873.60
3,017.60	5,048.60
3,117.60	5,223.60
3,217.60	5,398.60
3,317.60	5,573.60
3,417.60	5,748.60
3,679.60	6,210.60
3,941.60	6,672.60
4,203.60	7,134.60
4,465.60	7,596.60

Health Service Fee.