(Subject to change without notice)

| School of Medicine              | •               | •         |           | •         |
|---------------------------------|-----------------|-----------|-----------|-----------|
|                                 | Annual          | Fall      | Winter    | Spring    |
| University Registration Fee     | \$<br>900.00    | 300.00    | 300.00    | 300.00    |
| Educational Fee                 | 9,312.00        | 3,104.00  | 3,104.00  | 3,104.00  |
| Cmmunity Centers Facilities Fee | 135.00          | 45.00     | 45.00     | 45.00     |
| Associated Student Fee          | 51.00           | 17.00     | 17.00     | 17.00     |
| Medicine Students Association   | 15.00           | 5.00      | 5.00      | 5.00      |
| Health Insurance Premium        | 2,469.00        | 823.00    | 823.00    | 823.00    |
| Professional School Fee*        | 17,531.00       | 5,844.00  | 5,844.00  | 5,843.00  |
| Disability Insurance            | 61.00           | 61.00     | 0.00      | 0.00      |
| California Resident Total       | \$<br>30,474.00 | 10,199.00 | 10,138.00 | 10,137.00 |
| Nonresident Tuition             | 12,245.00       | 4,082.00  | 4,082.00  | 4,081.00  |
| Nonresident Total               | \$<br>42,719.00 | 14,281.00 | 14,220.00 | 14,218.00 |

<sup>\*</sup>The professional fee for students who are members of the class in Kashmiri v. Regents of University of California is \$5,000.00.

| School of Dentistry             |    |           |           |           |           |  |  |  |  |
|---------------------------------|----|-----------|-----------|-----------|-----------|--|--|--|--|
|                                 |    | Annual    | Fall      | Winter    | Spring    |  |  |  |  |
| University Registration Fee     | \$ | 900.00    | 300.00    | 300.00    | 300.00    |  |  |  |  |
| Educational Fee                 |    | 9,312.00  | 3,104.00  | 3,104.00  | 3,104.00  |  |  |  |  |
| Cmmunity Centers Facilities Fee |    | 135.00    | 45.00     | 45.00     | 45.00     |  |  |  |  |
| Associated Student Fee          |    | 51.00     | 17.00     | 17.00     | 17.00     |  |  |  |  |
| Health Insurance Premium        |    | 2,469.00  | 823.00    | 823.00    | 823.00    |  |  |  |  |
| Professional School Fee*        |    | 22,880.00 | 7,627.00  | 7,627.00  | 7,626.00  |  |  |  |  |
| Disability Insurance            |    | 72.00     | 72.00     | 0.00      | 0.00      |  |  |  |  |
| California Resident Total       | \$ | 35,819.00 | 11,988.00 | 11,916.00 | 11,915.00 |  |  |  |  |
| Nonresident Tuition             |    | 12,245.00 | 4,082.00  | 4,082.00  | 4,081.00  |  |  |  |  |
| Nonresident Total               | \$ | 48,064.00 | 16,070.00 | 15,998.00 | 15,996.00 |  |  |  |  |

| <b>Equipment and Supplies for Dentistry (DDS)</b> |           |           |  |  |  |  |  |
|---|-----------|-----------|--|--|--|--|--|
|   | Annual    | Quarterly |  |  |  |  |  |
| Dentistry 1                                       | 14,862.00 | 4,954.00  |  |  |  |  |  |
| Dentistry 2                                       | 10,503.00 | 3,501.00  |  |  |  |  |  |
| Dentistry 3                                       | 9,060.00  | 3,020.00  |  |  |  |  |  |
| Dentistry 4                                       | 5,853.00  | 1,951.00  |  |  |  |  |  |

<sup>\*</sup>The professional fee for students who are members of the class in Kashmiri v. Regents of University of California is \$5,000.00.

(Subject to change without notice)

| Dentistry Post Graduate - California Residents |    |           |          |          |          |  |  |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |  |
| University Registration Fee                    |    | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |  |
| Educational Fee                                |    | 9,402.00  | 3,134.00 | 3,134.00 | 3,134.00 |  |  |  |  |  |
| Cmmunity Centers Facilities Fee                |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |  |
| Associated Student Fee                         |    | 51.00     | 17.00    | 17.00    | 17.00    |  |  |  |  |  |
| Health Insurance Premium                       |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |  |
| Disability Insurance*                          |    | 72.00     | 72.00    | 0.00     | 0.00     |  |  |  |  |  |
| Total  | \$ | 13,029.00 | 4,391.00 | 4,319.00 | 4,319.00 |  |  |  |  |  |

<sup>\*</sup>students enrolled in Oral & Craniofacial Science under Dentistry Articulation program

Note: Students enrolled in Ortho program charged the annual Lab Materials fee of \$5,000.

| Dentistry Post Graduate - California Non Residents |    |           |          |          |          |  |  |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |  |
| University Registration Fee                        |    | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |  |
| Educational Fee                                    |    | 9,810.00  | 3,270.00 | 3,270.00 | 3,270.00 |  |  |  |  |  |
| Cmmunity Centers Facilities Fee                    |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |  |
| Associated Student Fee                             |    | 51.00     | 17.00    | 17.00    | 17.00    |  |  |  |  |  |
| Health Insurance Premium                           |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |  |
| Disability Insurance*                              |    | 72.00     | 72.00    | 0.00     | 0.00     |  |  |  |  |  |
| Nonresident Tuition                                |    | 14,694.00 | 4,898.00 | 4,898.00 | 4,898.00 |  |  |  |  |  |
| Total  | \$ | 28,131.00 | 9,425.00 | 9,353.00 | 9,353.00 |  |  |  |  |  |

<sup>\*</sup>students enrolled in Oral & Craniofacial Science under Dentistry Articulation program charged the annual Disability Insurance of \$72.

Note: Students enrolled in Ortho program charged the annual Lab Materials fee of \$5,000.

| International Dentist Program (IDP) |    |           |           |           |           |           |  |  |  |
|-------------------------------------|----|-----------|-----------|-----------|-----------|-----------|--|--|--|
|                                     |    | Annual    | Summer    | Fall      | Winter    | Spring    |  |  |  |
| Level 3                             | \$ | 73,300.00 | 18,325.00 | 18,325.00 | 18,325.00 | 18,325.00 |  |  |  |
| Level 4                             | \$ | 73,300.00 | 18,325.00 | 18,325.00 | 18,325.00 | 18,325.00 |  |  |  |

| Equipment and Supplies for IDP |           |          |          |          |          |  |  |  |
|--------------------------------|-----------|----------|----------|----------|----------|--|--|--|
|                                | Annual    | Summer   | Fall     | Winter   | Spring   |  |  |  |
| IDP3                           | 25,604.00 | 6,401.00 | 6,401.00 | 6,401.00 | 6,401.00 |  |  |  |
| IDP 4                          | 4,720.00  | 1,180.00 | 1,180.00 | 1,180.00 | 1,180.00 |  |  |  |

<sup>&</sup>amp; Concurrent program charged the annual Disability Insurance of \$72.

(Subject to change without notice)

| School of Pharmacy              |    |           |           |           |           |
|---------------------------------|----|-----------|-----------|-----------|-----------|
|                                 |    | Annual    | Fall      | Winter    | Spring    |
| University Registration Fee     | \$ | 900.00    | 300.00    | 300.00    | 300.00    |
| Educational Fee                 |    | 9,312.00  | 3,104.00  | 3,104.00  | 3,104.00  |
| Cmmunity Centers Facilities Fee |    | 135.00    | 45.00     | 45.00     | 45.00     |
| Associated Student Fee          |    | 51.00     | 17.00     | 17.00     | 17.00     |
| Health Insurance Premium        |    | 2,469.00  | 823.00    | 823.00    | 823.00    |
| Pharmacy Student Association    |    | 21.00     | 7.00      | 7.00      | 7.00      |
| Professional School Fee**       | *  | 17,155.00 | 5,719.00  | 5,718.00  | 5,718.00  |
| California Resident Total       | \$ | 30,043.00 | 10,015.00 | 10,014.00 | 10,014.00 |
| Nonresident Tuition             |    | 12,245.00 | 4,082.00  | 4,082.00  | 4,081.00  |
| Nonresident Total               | \$ | 42,288.00 | 14,097.00 | 14,096.00 | 14,095.00 |

<sup>\*</sup>The academic year for 4th year Pharmacy students begins in Summer Session.

<sup>\*\*</sup>The professional fee for students who are members of the class in Kashmiri v. Regents of University of California is \$3,000.00 annually.

| School of Nursing - MS          |    |           |          |          |          |  |  |  |  |  |
|---------------------------------|----|-----------|----------|----------|----------|--|--|--|--|--|
|                                 |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |  |
| University Registration Fee     | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |  |
| Educational Fee                 |    | 9,312.00  | 3,104.00 | 3,104.00 | 3,104.00 |  |  |  |  |  |
| Cmmunity Centers Facilities Fee |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |  |
| Graduate Student Association    |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |  |
| Nursing Student Council         |    | 15.00     | 5.00     | 5.00     | 5.00     |  |  |  |  |  |
| Health Insurance Premium        |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |  |
| Professional School Fee*        |    | 4,459.00  | 1,487.00 | 1,486.00 | 1,486.00 |  |  |  |  |  |
| California Resident Total       | \$ | 17,323.00 | 5,775.00 | 5,774.00 | 5,774.00 |  |  |  |  |  |
| Nonresident Tuition             |    | 12,245.00 | 4,082.00 | 4,082.00 | 4,081.00 |  |  |  |  |  |
| Nonresident Total               | \$ | 29,568.00 | 9,857.00 | 9,856.00 | 9,855.00 |  |  |  |  |  |

<sup>\*</sup>The professional fee for students who are members of the class in Kashmiri v. Regents of University of California is \$1800 annually.

| School of Nursing - Ph D - California Resident |    |           |          |          |          |  |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |
| University Registration Fee                    | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |
| Educational Fee                                |    | 9,402.00  | 3,134.00 | 3,134.00 | 3,134.00 |  |  |  |  |
| Cmmunity Centers Facilities Fee                |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |
| Graduate Student Association                   |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |
| Nursing Student Council**                      |    | 15.00     | 5.00     | 5.00     | 5.00     |  |  |  |  |
| Health Insurance Premium                       |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |
| Total  | \$ | 12,954.00 | 4,318.00 | 4,318.00 | 4,318.00 |  |  |  |  |

<sup>\*\*</sup>Students enrolled in Sociology program charged the annual Nursing Student Council fee of \$15.

 $<sup>10\</sup>text{-}11$  Professional Fees for 4th year Pharmacy students are collected as follows:

Total Fees: \$17,155; (Summer 2010:\$5,719; Fall 2010: \$5,718; Winter 2011: \$5,718)

(Subject to change without notice)

| School of Nursing - Ph D - California Non Resident |    |           |          |          |          |  |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |
| University Registration Fee                        | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |
| Educational Fee                                    |    | 9,810.00  | 3,270.00 | 3,270.00 | 3,270.00 |  |  |  |  |
| Cmmunity Centers Facilities Fee                    |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |
| Graduate Student Association                       |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |
| Nursing Student Council**                          |    | 15.00     | 5.00     | 5.00     | 5.00     |  |  |  |  |
| Health Insurance Premium                           |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |
| *Nonresident Tuition                               |    | 14,694.00 | 4,898.00 | 4,898.00 | 4,898.00 |  |  |  |  |
| Total  | \$ | 28,056.00 | 9,352.00 | 9,352.00 | 9,352.00 |  |  |  |  |

<sup>\*\*</sup>Students enrolled in Sociology program charged the annual Nursing Student Council of \$15.

\*The annual nonresident tuition will be reduced to "\$0" for a maximum of three calendar years for graduate academic doctoral students advanced to candidacy. Eligibility begins first academic term following advancement to candidacy. Students who continue to be enrolled or who re-enroll after receiving reduced fees for three years will be charged full nonresident tuition; the current rate is \$4,898.00 per quarter.

| School of Nursing - Master Entry Program Nursing - MEPN |    |           |          |          |          |          |  |  |  |  |
|---|----|-----------|----------|----------|----------|----------|--|--|--|--|
|   |    | Annual    | Summer   | Fall     | Winter   | Spring   |  |  |  |  |
| School of Nursing Instructional Fee                     | \$ | 34,000.00 | 8,500.00 | 8,500.00 | 8,500.00 | 8,500.00 |  |  |  |  |

| Graduate Division - California Resident |    |           |          |          |          |  |  |  |  |  |
|---|----|-----------|----------|----------|----------|--|--|--|--|--|
|   |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |  |
| University Registration Fee             | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |  |
| Educational Fee                         |    | 9,402.00  | 3,134.00 | 3,134.00 | 3,134.00 |  |  |  |  |  |
| Cmmunity Centers Facilities Fee         |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |  |
| Graduate Student Association            |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |  |
| Health Insurance Premium                |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |  |
| Total                                   | \$ | 12,939.00 | 4,313.00 | 4,313.00 | 4,313.00 |  |  |  |  |  |

Note: Students enrolled in Oral & Craniofacial Science under Dentistry Articulation program charged Disability Insurance of \$72.

| Graduate Division - California Non Resident |    |           |          |          |          |  |  |  |  |
|---|----|-----------|----------|----------|----------|--|--|--|--|
|   |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |
| University Registration Fee                 | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |
| Educational Fee                             |    | 9,810.00  | 3,270.00 | 3,270.00 | 3,270.00 |  |  |  |  |
| Cmmunity Centers Facilities Fee             |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |
| Graduate Student Association                |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |
| Health Insurance Premium                    |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |
| Nonresident Tuition                         |    | 14,694.00 | 4,898.00 | 4,898.00 | 4,898.00 |  |  |  |  |
| Total                                       | \$ | 28,041.00 | 9,347.00 | 9,347.00 | 9,347.00 |  |  |  |  |

 $Note: Students\ enrolled\ in\ Oral\ \&\ Craniofacial\ Science\ under\ Dentistry\ Articulation$   $program\ charged\ the\ annual\ Disability\ Insurance\ of\ \$72.$ 

(Subject to change without notice)

| Graduate Division - Non Resident Advanced to Candidacy |    |           |          |          |          |  |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |  |
| University Registration Fee                            | \$ | 900.00    | 300.00   | 300.00   | 300.00   |  |  |  |  |
| Educational Fee  |    | 8,295.00  | 2,726.00 | 2,785.00 | 2,784.00 |  |  |  |  |
| Cmmunity Centers Facilities Fee                        |    | 135.00    | 45.00    | 45.00    | 45.00    |  |  |  |  |
| Graduate Student Association                           |    | 33.00     | 11.00    | 11.00    | 11.00    |  |  |  |  |
| Nonresident Tuition                                    |    | 0.00      | 0.00     | 0.00     | 0.00     |  |  |  |  |
| Health Insurance Premium                               |    | 2,469.00  | 823.00   | 823.00   | 823.00   |  |  |  |  |
|  |    | 11,832.00 | 3,905.00 | 3,964.00 | 3,963.00 |  |  |  |  |

\*The annual nonresident tuition will be reduced to "\$0" for a maximum of three calendar years for graduate academic doctoral students advanced to candidacy. Eligibility begins first academic term following advancement to candidacy. Students who continue to be enrolled or who re-enroll after receiving reduced fees for three years will be charged full nonresident tuition; the current rate is \$4,898.00 per quarter.

| Graduate Division - New Doctorate of Physical Therapy - California F |    |          |          |          |          |  |  |
|--|----|----------|----------|----------|----------|--|--|
|  |    | Annual   | Fall     | Winter   | Spring   |  |  |
| University Registration Fee  | \$ | 900.00   | 300.00   | 300.00   | 300.00   |  |  |
| Educational Fee  |    | 9,402.00 | 3,134.00 | 3,134.00 | 3,134.00 |  |  |
| Cmmunity Centers Facilities Fee                                      |    | 135.00   | 45.00    | 45.00    | 45.00    |  |  |

| Graduate Student Association | 2010 | -2013 <sup>0</sup> U | CS# Stu      | ude <sup>11,00</sup> F | ees <sup>11.00</sup> |
|------------------------------|------|----------------------|--------------|------------------------|----------------------|
| Health Insurance Premium     | _0.0 |                      | hange withou |                        | 823.00               |
| Professional School Fee      |      | 11,000.00            | 3,667.00     | 3,667.00               | 3,666.00             |
| Total                        | \$   | 23,939.00            | 7,980.00     | 7,980.00               | 7,979.00             |

| Graduate Division - New Do      | l Therapy       | - California | a Non Resid |           |
|---------------------------------|-----------------|--------------|-------------|-----------|
|                                 | Annual          | Fall         | Winter      | Spring    |
| University Registration Fee     | \$<br>900.00    | 300.00       | 300.00      | 300.00    |
| Educational Fee                 | 9,810.00        | 3,270.00     | 3,270.00    | 3,270.00  |
| Cmmunity Centers Facilities Fee | 135.00          | 45.00        | 45.00       | 45.00     |
| Graduate Student Association    | 33.00           | 11.00        | 11.00       | 11.00     |
| Health Insurance Premium        | 2,469.00        | 823.00       | 823.00      | 823.00    |
| Professional School Fee         | 11,000.00       | 3,667.00     | 3,667.00    | 3,666.00  |
| Nonresident Tuition             | 14,694.00       | 4,898.00     | 4,898.00    | 4,898.00  |
| Total                           | \$<br>39,041.00 | 13,014.00    | 13,014.00   | 13,013.00 |

| Graduate Division - Continuing Joint Doctorate Program Physical Therapy (D.P.T.) |    |           |          |          |          |  |  |  |
|--|----|-----------|----------|----------|----------|--|--|--|
|  |    | Annual    | Fall     | Winter   | Spring   |  |  |  |
| Graduate Division Instructional Fee  | \$ | 21,000.00 | 7,000.00 | 7,000.00 | 7,000.00 |  |  |  |

| Graduate Division - Clinical Research - MAS |    |           |          |          |          |          |  |  |
|---|----|-----------|----------|----------|----------|----------|--|--|
|   |    | Annual    | Summer   | Fall     | Winter   | Spring   |  |  |
| MAS 1st Inst Fee*                           | \$ | 19,000.00 | 4,750.00 | 4,750.00 | 4,750.00 | 4,750.00 |  |  |
| MAS 2nd Inst Fee*                           | \$ | 19,000.00 |          | 6,334.00 | 6,333.00 | 6,333.00 |  |  |

<sup>\*</sup>The fee does not include health insurance. Health insurance may be purchased directly from student health.

| Graduate Division - Clinical Research - Certificate |    |           |          |          |          |          |  |  |  |
|---|----|-----------|----------|----------|----------|----------|--|--|--|
|   |    | Annual    | Summer   | Fall     | Winter   | Spring   |  |  |  |
| Instructional Fee*                                  | \$ | 13,950.00 | 3,488.00 | 3,488.00 | 3,487.00 | 3,487.00 |  |  |  |

<sup>\*</sup>The fee does not include health insurance. Health insurance may be purchased directly from student health.

| Graduate Division - Biomedical Research (Research Component) - Certificate |    |          |          |          |          |          |  |
|--|----|----------|----------|----------|----------|----------|--|
|  |    | Annual   | Summer   | Fall     | Winter   | Spring   |  |
| Instructional Fee  | \$ | 8,396.00 | 2,099.00 | 2,099.00 | 2,099.00 | 2,099.00 |  |

| Graduate Division - Global Health |    |           |          |          |          |          |  |  |
|-----------------------------------|----|-----------|----------|----------|----------|----------|--|--|
|                                   |    | Annual    | Fall     | Winter   | Spring   | Summer   |  |  |
| Instructional Fee                 | \$ | 33,500.00 | 8,375.00 | 8,375.00 | 8,375.00 | 8,375.00 |  |  |

Fees are subject to change without notice Fees 2010-2011:06-16-2010 UCSF Office of the Registrar