

Print Form

FEE REQUEST FORM - Part 1 of 3

☐ Category IV (Misc. campus fees)

☐ Category V (Self support program fees)

In accordance with the provisions of the California State University (CSU) Executive Order 1102, the President is delegated the authority for the establishment, oversight and adjustment of Category IV and V fees. To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:

Request to:

- Part 1 Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President
- Part 2 Fee Request Narrative

Fee Category:

Part 3 - Financial Data Sheet

I.

ee: \$ Fee: \$ Effective Date:	Student Fee	ner	Non-Student Fee	
ee: \$		per		
Fee: \$		per		
Dept. Repre				
Dept. Repre	esentative Name	Signature	Data	
	esentative Name	Signature	Data	
	esentative Name	Signature	Date	
	esentative Name	Signature	Data -	
Doan /Diro			Date	Phone
Doan / Diro				
Dean / Dire	ector Name	Signature	Date	Phone
Vice Preside	ent Name	Signature	Date	Phone
Sandra V	Nieckowski			826-493
Associate D	Director, SFS	Signature	Date	Phone
Dr. Tom	Jackson			
President		Signature	Date	Phone
	ioo Approved	☐ Foo Donied		
		rec bellied		
	Sandra V Associate D Dr. Tom President F m the President (if need	Sandra Wieckowski Associate Director, SFS Dr. Tom Jackson	Sandra Wieckowski Associate Director, SFS Signature Dr. Tom Jackson President Signature Fee Approved Fee Denied m the President (if needed):	Sandra Wieckowski Associate Director, SFS Signature Date Dr. Tom Jackson President Signature Date Fee Approved Fee Denied m the President (if needed):

For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

6. Form with President's signature sent to Associate Director, Student Financial Services.

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FEE REQUEST FORM - Part 1 of 3

Student Fee Category:

Category II (Mandatory campus fees)

Category III (Course fees)

In accordance with the provisions of the California State University (CSU) <u>Executive Order 1102</u>, the President is responsible for assuring that appropriate and meaningful consultation occurs prior to adjusting any Category II or III fees and must consult with the campus fee advisory committee prior to establishing or adjusting these fees.

To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:

- Part 1 Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President
- Part 2 Fee Request Narrative
- Part 3 Financial Data Sheet

I.	Request to:	ESTABLISH a	Campus Fee	ADJUST a Campus Fee	
II.	Name of Fee:				
III.	Current Fee: \$		per		
	Proposed Fee: \$		per		
IV.	Proposed Effecti	ve Date:			
ting (Order:				
	nitted by:				
	·	Dept. Representative Name	Signature	Date	Phone
2. App	oved by:				
		Dean / Director Name	Signature	Date	Phone
3. App	roved by:				
		Vice President Name	Signature	Date	Phone
4. Appr	oved By:	Sandra Wieckowski			
		Associate Director, SFS	Signature	Date	Phone
5. Reco	ommended by:	Chair - SFAC	Signature	Date	Phone
		Recommend approval	Recommend approval		ommend D
	Comments from SFAC (if needed)			
5. Revi	ewed By:	Dr. Tom Jackson			
		President	Signature	Date	Phone
		Fee Approved	Fee approved with modif	ications	enied
[·	Comments from the Pres	sident (if needed):			
7. Form	n with President's sign	ature sent to Associate Director,	Student Financial Services.		

For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

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etc.)
etc.)



Financial Data Sheet Supporting Fee Request - Part 3 of 3

Name of Fee:					
	Current Fee	Propose	ed fee		
		Year 1	Year 2	Year 3	
	Current # of participants	Estimated #of particip	ants that will be assessed t	his fee	
				<u>. </u>	
	Historical Data (for fee increase	/2.400	Prospective Data (2 years for fee increase; 3 years for new fee)		
Fiscal year	proposal)	(2 year	s for fee filerease, 3 years i	of fiew fee)	
Fee Adjustment Proposal: Enter ONE complete year New Fee Proposal: Enter THREE years of prospective Fee Revenue Type:			lata and TWO years of p	rospective data.	
Total Revenue	: \$				
Expenditure Type: (List typical categories of experoom, etc.)	nditure costs that the fee pr	roposed will cover -	salaries, travel, supplies,	rental of meeting	
Total Expenditures	s: \$				
Net (Revenue minus Expenditures)					

Please note below the chartfield string where the existing revenue fee and actual expenditures are recorded for this program.

FUND	DEPT ID	PROGRAM	CLASS	PROJECT

Form updated: 2/15/2023