# **FEE PROPOSAL FORM**

**TO:** Student Fee Advisory Committee **DATE:**

**FROM:** NAME: **PHONE:**

 TITLE:

**SUBJECT:** Fee Proposal

**Proposed fee title:**

**Category of Fee** (I, II, III, IV, or V):

**Present fee:** $

**Fee increase requested:** $ for a total fee of $ / per .

**Expected term of fee implementation:**

**Person/group requesting fee increase:**

**I have reviewed and approve this Fee Proposal:**

Department Budget Analyst:

 (Print name & Sign)

Department Director:

 (Print name & Sign)

Department Chair:

 (If applicable) (Print name & Sign)

Next level administrator (Dean/AVP):

 (Print name & Sign)

Provost/Divisional Vice President:

 (Print name & Sign)

**Provide a brief summary of the reason for this fee request, including, purpose of the fee and proposed fee usage (*specify any relevant budget for the use of the fees – this information will help the committee make a decision*) Please attach relevant supporting documentation:**