

**CALIFORNIA STATE UNIVERSITY, FULLERTON,
CATEGORY IV OR CATEGORY V STUDENT FEE ACTION
REQUEST FORM**

**(Complete and return to the Vice President for Student Affairs Office, LH 805.
Make sure to fill out page 1 and 2.)**

1. Name of student fee and action proposed:

2. Date of Request: _____

3. Account number and sub code (if an existing fee): _____

4. Department: _____

5. Please attach the following:

- a) Explanation of the purpose and rationale for the fee proposal.
- b) Information about the related program or services.
- c) Supporting documentation outlining expenses.
- d) Information on total cost of the program or service if applicable.
- e) Any additional supporting documentation.

6. Contact Person:

Name Extension

7. Individual responsible for managing fee:

Name Extension

8. Department Head approval:

Name Signature Date

9. Dean approval (if applicable):

Name Signature Date

10. Division Head approval:

Name Signature Date

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STATEMENT OF REVENUES AND EXPENDITURES
 (Attach supporting documentation providing details on information below)

	<u>CURRENT FEE LEVEL</u>	<u>PROJECTED FEE LEVEL</u>	
	<u>Last Year Actual</u>	<u>Year 1</u>	<u>Year 2</u>
11. Expenses to be covered by fee: (Should reflect one Fiscal Year)			
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12. Total Costs (A)	\$ _____	\$ _____	\$ _____
13. Est. Number of Students Paying Fee(B)	_____	_____	_____
14. Cost per Student (C) (C=A÷B)	\$ _____	\$ _____	\$ _____
15. Fee Level (D)	\$ _____	\$ _____	\$ _____
16. Total Revenue (BxD)	\$ _____	\$ _____	\$ _____

Reviewed by Vice President for Administration and Finance/Chief Financial Officer.

Signature of CFO: _____ Date: _____

17. PRESIDENT'S DECISION

I endorse this request to establish a _____, and will forward this approval to the Chief Financial Officer for implementation.

I deny this request to establish a _____, and will return this request to the requesting department.

I approve the increase in this _____, and will forward this approval to the Chief Financial Officer for implementation.

I deny this request to increase this _____, and will return this request to the requesting department.

Signature of President: _____ Date: _____