

CALIFORNIA STATE UNIVERSITY, FULLERTON,
REQUEST TO DECREASE/END AN EXISTING STUDENT FEE REQUEST FORM
(Complete and return to the Vice President for Student Affairs Office, LH 805. 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. Current fee: \$ _____ Requested fee: \$ _____

6. ___ Permanent change, beginning _____ semester OR
___ Temporary change, beginning _____ semester through _____ semester

7. 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.

8. Contact Person:

Name _____
Extension

9. Individual responsible for managing fee:

Name _____
Extension

10. Department Head approval:

Name Signature Date

11. Dean approval (if applicable):

Name Signature Date

12. Division Head approval:

Name Signature Date

DECREASE/END FEE ACTION REQUEST FORM--PAGE 2

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>
13. Expenses to be covered by fee: (Should reflect one Fiscal Year)			
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
14. Total Costs (A)	\$ _____	\$ _____	\$ _____
15. Est. Number of Students Paying Fee(B)	_____	_____	_____
16. Cost per Student (C) (C=A÷B)	\$ _____	\$ _____	\$ _____
17. Fee Level (D)	\$ _____	\$ _____	\$ _____
18. Total Revenue (BxD)	\$ _____	\$ _____	\$ _____

19. BASED UPON THE INFORMATION PRESENTED, THE STUDENT FEE ADVISORY COMMITTEE:

- Recommends APPROVAL of the request
- Recommends DENIAL of the request

Signature of CFO: _____

Date: _____

20. PRESIDENT'S DECISION

- I approve this request and will forward this approval to Chief Financial Officer for implementation.
- I deny this request and will return this request to requesting department.

Signature of President: _____

Date: _____

cc: Fee Advisory Committee