

CALIFORNIA STATE UNIVERSITY, FULLERTON
CATEGORY II 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 (B×D)	\$ _____	\$ _____	\$ _____

17. STUDENT REFERENDUM OR STATEMENT OF ALTERNATIVE COUNSULTATION:

Total Number of Votes: _____
 Total "YES" Votes: _____
 Total "NO" Votes: _____

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

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

Date: _____

19. PRESIDENT'S DECISION

- I endorse this request to establish a Category II Fee, and will forward my recommendation to the CSU Chancellor for approval.
- I deny this request to establish a Category II Fee, and will return this request to the appropriate department.
- I approve the increase in this Category II Fee, and will forward this approval to the Chief Financial Officer for implementation.
- I deny this request to increase this Category II Fee, and will return this request to the appropriate department.

_____ Date: _____