

**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:

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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**

<p><b>STATEMENT OF REVENUES AND EXPENDITURES</b>                  (Attach supporting documentation providing details on information below)</p>
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	<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)				
_____	\$ _____	\$ _____	\$ _____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
<b>14. Total Costs (A)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	
15. Est. Number of Students Paying Fee (B)	_____	_____	_____	
16. Cost per Student (C) (C=A÷B)	\$ _____	\$ _____	\$ _____	
17. Fee Level (D)	\$ _____	\$ _____	\$ _____	
18. Total Revenue (B×D)	\$ _____	\$ _____	\$ _____	

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

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

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.

\_\_\_\_\_ Date: \_\_\_\_\_