



Student Fee Proposal Request Form

Department:	Date:
Primary Contact Name:	Phone:
Title:	Email:
Fee Name/Title:	Fee Category (See summary of the CSU Student Fee Policy EO 1102):

Action Requested:

- Establish New fee: New Fee Amount: \$ _____/per _____ (semester/course work, etc.)
- Adjust Existing Fee
- Discontinue Existing Fee (please answer all that apply and # g below)

Current fee: \$ _____
 Fee adjustment: \$ _____ for a total fee of \$ _____/per. _____ (semester/course work, etc.)

Budget Chartfield String:

Account	
Fund	
Dept ID	
Program	
Class	

Expected Term of Fee Implementation/Discontinuation: Term _____ Year _____

Please Note: Save completed form as PDF and submit via Adobe Sign to acquire all required signatures.

For information regarding Fee Policy, [Executive Order 1102](http://calstate.policystat.com/policy/11733481/latest/) and related topics visit <http://calstate.policystat.com/policy/11733481/latest/>

5. Do students have the option of obtaining these materials/services from another source? Yes No
If no, explain:

6. How is this cost currently covered?

7. In the interest of minimizing the impact of new fees on students in any given semester, would the department consider phasing the fee in over multiple semesters? Yes (if so, how many semesters _____) No

If no. Please explain why:

8. Describe the platform provided for students to give their input on the proposed fee action. Please provide any data collected as well as the department's response to the student input data (attach additional sheets if necessary)

9. If discontinuing an existing fee, please provide the reasoning.

Estimated Annual Revenue

Summer	_____	X \$	_____	= \$	_____
	(Estimated # of Students)		(Proposed Fee)		
Fall	_____	X \$	_____	= \$	_____
	(Estimated # of Students)		(Proposed Fee)		
Spring	_____	X \$	_____	= \$	_____
	(Estimated # of Students)		(Proposed Fee)		
Annual Total	_____	\$	_____	= \$	_____

Please note that according to [Executive Order 1102](#), all revenues from miscellaneous course fees should be expended in the year in which they are collected.

Fee Expenses

Amount Per Category

Independent Consultants	\$ _____
Special Consultant	\$ _____
Student Assistants	\$ _____
Supplies	\$ _____
Hospitality (i.e., Promotional Items)	\$ _____
Event Space cost	\$ _____
Food Catering	\$ _____
Food Non-Catering	\$ _____
Other _____	\$ _____
(List category name)	
Total Estimated Expenditures	\$ _____

Signatures are required for submission to SFAC and does not guarantee fee approval

The undersigned have reviewed and approved this Student Fee Proposal Action Form for SFAC review and consideration:

Person submitting Fee Proposal Request Form: _____
Print Name Signature

College/Department Budget Analyst: _____
(Staff responsible for tracking fee revenue & expenses) Print Name Signature

Department Director/Faculty: _____
(If applicable) Print Name Signature

College/Department Chair: _____
Print Name Signature

Next level administrator (Dean/AVP): _____
Print Name Signature

Provost/Divisional Vice President: _____
Print Name Signature

SFAC Administrative Support: rmora@csusm.edu _____
(Initials) Date received

To be completed by SFAC Administrative Support & President only

SFAC Committee:

- Approves Student Fee Proposal Action form for Presidential review and consideration
- Declines Student Fee Proposal Action form for the following reason/s. _____

Presidential Review and Consideration:

- Approves Fee
- Declines Student Fee Proposal Action form for the following reason/s. _____

Fee Approval Signature:

Ellen J. Neufeld, President

Date: