ARIZONA BOARD OF REGENTS ASU + NAU + UA		OTHER FEE REQUE	ST - NEW Rev 12-18-19		
University:		College/School:			
Department:		Program:			
Both	Graduate	Undergraduate			
Fee Amount:					
			Effective Date of Change:		
		Proposed Fee	(this field you may enter other option just by typing it in box)		
_					

Purpose (Please provide a brief statement detailing the purpose of the fee, including the anticipated expenditures of fee revenue and benefits the fee will provide students. Include an explanation of the additional benefits funded by the increase.)

Justification (Please provide a brief statement on what the proposal is intended to pay for and how much of the costs will be covered by the incremental revenue)

Student Consultation (Please describe the method and outcomes of student consultation)

Proposed Annual Revenue

Other Fee Amount		
Number of Students	#	
Total Revenue	=	

Proposed Annual Expenditures

\$	
\$	
\$	
\$	
Total Expenditures =	