

OTHER FEE REQUEST - CHANGE TO EXISTING Rev 12-18-19

University: Department:		College/School: Program:		
Both	Graduate	Undergraduate		
Currer	nt Foo	Proposed Fee	Effe	ctive Date of Change: (this field you may enter other option just by typing it in box)
				(and need you may enter outer option just by typing it in box)
Other Fee History: Date Established		and original amounte e (Date/Amount)		
Most Recent Date and Change to fe				
				including the anticipated expenditures of fee revenue itional benefits funded by the increase.)
	Please provide a brief stance ncremental revenue)	atement on what the proposa	al is inte	ended to pay for and how much of the costs will be
	ultation (Please describ	pe the method and outcomes	of stud	lent consultation)
Other Fe	ee Amount		\$	
Number	of Students		#	
Total Re	venue		=	
Proposed Ar	nnual Expenditures			
			\$	
			\$	
			\$	
			\$	
Total Exp	penditures		=	