

**Year-End Justification of
Course Fee Balances**

College/School:

Department:

Course(s):

Check one: Graduate

Undergraduate

Both

Check one: Upper Division

Lower Division

Both

Account #: _____

Account Balance at Year End \$ _____

Is this the first year this account has a high balance? Yes No ; If no Please list the year(s):

Please answer the required sections below. If additional space is needed attach a separate page.

Reason for High/ Deficit Balance

Plan to Expend the Balance (please be detailed and include proof of cost for specific items as needed)

Plan to Avoid a High or Deficit Balance in the Future

Business Manager Name (print):	Date:
Signature:	
Program Unit Head or Director Name (print):	Date:
Signature:	