



FEE REQUEST/APPROVAL FORM

Proposed Fee: _____

Requested By: _____ Phone: _____

Department: _____

New Fee _____ Existing Fee _____

Current Rate _____ Proposed Rate _____

Purpose of Fee: _____

Account Number Assigned by Budget Office:

Approvals Required

Signature

Date

Dean _____

VP/Provost _____

President _____

Cc: Budget Office
Bursar