



# 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