

**CALIFORNIA STATE UNIVERSITY, FULLERTON,  
CATEGORY III STUDENT FEE ACTION  
REQUEST FORM**

**(Complete and return to the Vice President for Student Affairs Office, LH 805.  
Make sure to fill out page 1 and 2.)**

1. Name of student fee and action proposed:

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2. Date of Request: \_\_\_\_\_

3. Account number and sub code (if an existing fee): \_\_\_\_\_

4. Department: \_\_\_\_\_

5. Please attach the following:

- a) Explanation of the purpose and rationale for the fee proposal.
- b) Information about the related program or services.
- c) Supporting documentation outlining expenses.
- d) Information on total cost of the program or service if applicable.
- e) Any additional supporting documentation.

6. Contact Person:

\_\_\_\_\_  
Name Extension

7. Individual responsible for managing fee:

\_\_\_\_\_  
Name Extension

8. Department Head approval:

\_\_\_\_\_  
Name Signature Date

9. Dean approval (if applicable):

\_\_\_\_\_  
Name Signature Date

10. Division Head approval:

\_\_\_\_\_  
Name Signature Date

**CATEGORY III STUDENT FEE ACTION REQUEST FORM--PAGE 2**

**STATEMENT OF REVENUES AND EXPENDITURES**  
 (Attach supporting documentation providing details on information below)

	<u>CURRENT FEE LEVEL</u>	<u>PROJECTED FEE LEVEL</u>	
	<u>Last Year Actual</u>	<u>Year 1</u>	<u>Year 2</u>
11. Expenses to be covered by fee: (Should reflect one Fiscal Year)			
_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>12. Total Costs (A)</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
13. Est. Number of Students Paying Fee(B)	_____	_____	_____
14. Cost per Student (C) (C=A÷B)	\$ _____	\$ _____	\$ _____
15. Fee Level (D)	\$ _____	\$ _____	\$ _____
16. Total Revenue (BxD)	\$ _____	\$ _____	\$ _____

17. BASED UPON THE INFORMATION PRESENTED, THE STUDENT FEE ADVISORY COMMITTEE:

- Recommends APPROVAL of the request
- Recommends DENIAL of the request

Signature of CFO: \_\_\_\_\_ Date: \_\_\_\_\_

19. PRESIDENT'S DECISION

- I endorse this request to establish a \_\_\_\_\_. The range of this fee extends the authority delegated to campus presidents. I will forward my recommendation to the CSU Chancellor for approval
- I endorse this request to establish a \_\_\_\_\_. The amount of this fee falls within the range(s) of authority delegated to campus presidents. I will forward this approval to the Chief Financial Officer for implementation.
- I deny this request to establish a \_\_\_\_\_, and will return this request to the requesting department.
- I approve the increase in this \_\_\_\_\_. I will forward this approval to the Chief Financial Officer for implementation.
- I deny this request to increase this \_\_\_\_\_, and will return this request to the requesting department.

Signature of President: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Fee Advisory Committee