



CATEGORY IV FEE ACTION REQUEST

Category IV – Fees, other than Category II or III fees, paid to receive materials, services, or for the use of facilities provided by the university; and fees or deposits to reimburse the university for additional costs resulting from dishonored payments, late submissions, or misuse of property or as a security or guaranty.

Department/Administrative Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Title: \_\_\_\_\_

Term New Fee to Begin: \_\_\_\_\_

Action Requested: Establish New Fee Adjust Existing Fee Delete/Discontinue Fee

1. Specify the materials or services received, facilities used or the nature of the reimbursement to the University associated with this fee.

[Empty text box for question 1]

2. Why are these materials/services or facility use necessary?

[Empty text box for question 2]

3. If this is an existing fee, when was it last adjusted? How was it adjusted?

[Empty text box for question 3]

4. What tangible benefit will students receive as a result of this charge?

[Empty text box for question 4]

Category IV Fee Information form with fields for Department/College/Administrative Unit, Fee Chartfield Account #, Fee Title, Contact Person Name/Extension, Contact Person Email, Current Fee, Requested Fee, and Approved Fee.

5. How was the amount of this fee calculated?

6. How does this fee, current and proposed, compare with similar fees on other CSU campuses?

7. In the interests of keeping costs of attendance as low as possible and minimizing the impact of fees on students in any given semester, would the department consider phasing the fee in over multiple semesters? Yes \_\_\_ No \_\_\_

**In accordance with Education Code Section 89721(I), revenue collected from all higher education fees shall be deposited in a local trust unless otherwise specified.**

**Estimated Annual Revenue**

Summer	X		=	
(Estimated # Students)		(Proposed Fee)		
Fall	X		=	
(Estimated # Students)		(Proposed Fee)		
Spring	X		=	
(Estimated # Students)		(Proposed Fee)		
Total:				

**Estimated Fee Expenditures**

	Previous Year	Year 1	Year 2
1) Salaries and Benefits	_____	_____	_____
2) Supplies and Services	_____	_____	_____
3) Accounting Charges ___ % of Fees Collected	_____	_____	_____
4) Other _____	_____	_____	_____
<b>5) Total Estimated Expenditures</b>	_____	_____	_____

**Signatures Required for Submission to SFAC:**

Department Chair/Unit Manager	Date
College Dean/Associate Vice President	Date
Cabinet Level Officer	Date

**Actions & Approvals:**

Date received by office of the VP for Student Affairs & Enrollment Management:

Date reviewed by Student Fee Advisory Committee:

SFAC Recommendation:

Amendments/Changes made by SFAC:

**President's Decision:**

Approved as recommended

Approved with these changes: \_\_\_\_\_

Not approved