

# VSU ELECTIVE FEE REQUEST FORM

*(This form is to be used for elective fees only. Do not use this form to request or modify a mandatory fee charged to all students)*

Effective Fiscal Year \_\_\_\_\_

Description	Explanation
Please select one :                      New Fee <input type="checkbox"/> Modification of Existing Fee <input type="checkbox"/>	
Name of Fee:	
Fee Type: <input type="checkbox"/> Course Fee <input type="checkbox"/> Course Supplies <input type="checkbox"/> Services <input type="checkbox"/> Other	
Purpose of Fee (List course name if applicable):	
Proposed Charge:	
Estimated # of Students Impacted:	
Estimated Revenues:	
Proposer/Budget Manager:	
Expected Expenditures:	
Educational Benefit to Students:	

*Note: Requesting department manager is responsible for ensuring that fee-related expenditures: 1) Are appropriate and incurred as per the intended purpose of the fee and align with the costs created by the action, election, or decision that prompted the assessment of the fee; 2) Should provide a direct benefit to the student; and, 3) follow all USG Policies and Procedures.*

Date: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Department Head: \_\_\_\_\_

Dean: \_\_\_\_\_

Area Vice President: \_\_\_\_\_

**Route the completed form to Budget Services, University Center #5 for further consideration by Sr. Leadership.**

Financial Services Use Only:                      Fund                      \_\_\_\_\_                      Account                      \_\_\_\_\_