

Category IV and V Fee Proposal Form
California State University Channel Islands
Fee Proposal for Presidential Review

Name of Proposed Fee: _____

Check Fee Category: (see [Executive Order 1102](#))

- Category IV:** Non-coursework materials, services, penalty, use of service fees
- Category V:** Self Support Fees (Parking, Housing, Extended Education)

Submission Dates/Deadlines

September 1st – for fees to be effective by spring
February 1st – for fees to be effective by fall and summer

Proposals submitted after the submission deadline will be considered during the next FY.
(Note: For Category III (Course fees) requests please see the "[Student Course Fee Request Business Process](#)" and use the request template and travel budget form if applicable.)

Proposed action effective (specify date): _____
Additional Comments: _____

- Establish a new fee/person* of \$ _____
- Change an existing fee.* Current amount of the fee/person: \$ _____
CFS Fund: _____ **CFS Dept ID:** _____
 - Increase the fee/person to \$ _____
 - Decrease the fee/person to \$ _____
 - Eliminate the fee
- Update fee language, usage, materials, or services only (no change in fee amounts)*

Requester: _____ **Department:** _____

Contact #: _____ **Email Address:** _____

- Also please complete and submit the following completed forms:**
- Attachment 2 - ***Rationale for the Fee***
 - Attachment 3 - ***Fee Revenue/Expense Projections (and updated Proforma if applicable)***

Requestor Signature: Printed Name Date

Reviewed/Approved: I recommend approval of the proposed fee action.

AVP Signature: Printed Name Date

Provost/Vice President Signature: Printed Name Date

Please submit the original signed cover page and attached pages to:
Budget & Planning Office, Lindero Hall

Fee Proposal for Presidential Review – Attachment 2
Rationale for the Fee

Name of Proposed Fee: _____

Department Name: _____ Proposed Fee Amount: _____

Please respond to the following or include responses to the following in a separate written proposal.

1. Purpose of the fee(s)

2. Indicate who will be charged this fee

3. If multiple related fees under the same category, list types and amounts. (Separate attachment(s) can be provided.)

4. Fee information:

- a. Describe the services or materials to be provided from the fee(s). List in detail.

- b. What types of expenditures will be allowed for the fee(s)? List in detail.

- c. What other resources have been used in the past/considered to cover these services/materials?

- d. What's the benefit to the individuals receiving these materials/services?

Fee Proposal for Presidential Review - Attachment 3
Fee Revenue/Expense Projection (and updated Proforma if applicable)

Name of Proposed Fee: _____

Department Name: _____ Proposed Fee Amount: _____

FEE BUDGET - CURRENT FISCAL YEAR

SOURCES OF FUNDS (Revenue) (if applicable, current fee level: \$ _____)

Amounts (\$)

Project Beginning Balance

Revenue from Students

Revenue from Outside Entities

Other, Please Specify: _____

TOTAL PROJECTED SOURCES OF FUNDS (include Projected Beginning Fund Balance)

USE OF FUNDS (Expense)

Personal Services

Operating Expense

Equipment and Travel

Financial Services

Other Fee, Please Specify: _____

TOTAL PROJECTED USES OF FUNDS

PROJECTED FUND BALANCE AT FISCAL YEAR END

APPROVAL SIGNATURES

Division of Business & Financial Affairs Use Only:

AVP Budget & Planning Signature

 Printed Name

 Date

Vice President Signature

 Printed Name

 Date

Office of the President Use Only:

President Signature

 Printed Name

 Date