

California State University, Sacramento  
2018 - 2019

**Fee Proposal for Student Fee Advisory Committee Review**

Name of Fee: \_\_\_\_\_

Course Number (if applicable) \_\_\_\_\_

**Check Fee Category:**

**Category II, Mandatory Fee**

**Category III, Materials & Services, Course Fee**  
If proposed fee will encompass similar expenses for multiple courses, please list courses and amounts under one proposal.

Type of Proposal	Submission Dates/Deadlines
<b>Category II Mandatory Fees</b>	<b>Oct. 26, 2018 – Nov. 19, 2018</b>
<b>Category III, Course Fees</b>	<b>Oct. 26, 2018 – Feb. 4, 2019</b>

**Proposals submitted after these dates will be returned and new proposals must be submitted for the 2019-20 academic year.** The Dean/Program Manager and Provost/VP may request the Committee review late proposals on an exception basis. Early submissions are encouraged.

The Rationale for the Fee-page 2 and Fee Revenue/Expense Projections-page 3 must be completed in full. Incomplete proposals will be returned.

**Proposed Fee Effective** (semester/year): \_\_\_\_\_

The fee(s) proposed will be eligible for assessment and collection beginning with the fall 2019 term.

- Establish a new fee* of \$ \_\_\_\_\_
- Change an existing fee.* Current amount of the fee \$ \_\_\_\_\_
  - Increase the fee to \$ \_\_\_\_\_
  - Decrease the fee to \$ \_\_\_\_\_
  - Eliminate the fee.

**Requester:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

<b>Requestor:</b>	Signature (above)	Printed Name	Date
<b>Dept Chair/Director:</b>	Signature (above)	Printed Name	Date
<b>Dean/AVP:</b>	Signature (above)	Printed Name	Date
<b>Provost/VP:</b>	Signature (above)	Printed Name	Date

Please submit the original, with all signatures, and 2 copies to:  
ABA VP/CFO Office, Attn: Jeannie, Sacramento Hall 272, or mail to Campus Mail Stop: 6038

**Student Fee Proposal – Page 2**  
**Rationale for the Fee**

Name of Proposed Fee: \_\_\_\_\_

Department Name: \_\_\_\_\_ Proposed Fee Amount: \_\_\_\_\_

*Please limit your response to one page.*

- List services or materials to be provided with the fee. What specifically is the revenue being used to purchase?
- What other resources have been used in the past and/or considered to cover these services/materials?
- What is the benefit to the student receiving these materials/services?
- If eliminating a fee, please provide a justification and plan as to how the department will make up the revenue.
- If increasing or decreasing a fee, please provide a justification.
- Category III fees-is the course mandatory for graduation in the major?
- Category III fees-materials must be **consumable** and provide **exceptional** instructional materials, services or use of facilities (for further details please refer to Executive Order 1102, Miscellaneous Course Fees).
- Category III fees-attach complete course description.

**Student Fee Proposal - Page 3**  
**Fee Revenue/Expense Projection**

Name of Proposed Fee: \_\_\_\_\_

Department Name: \_\_\_\_\_ Proposed Fee Amount: \_\_\_\_\_

Note: The projected revenue must be at least \$500 per year. In accordance with Executive Order 1102, the annual projections below will be multiplied by two to reflect a two year projection.

**ANNUAL PROJECTIONS**

**REVENUE PROJECTIONS**

Cost item or category	Proposed Fee (nearest whole \$)	#Students/ Term	#Terms/ Year	Estimated Revenue
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<b>Subtotal</b>	_____
			<b>2 Year Revenue Projection</b>	_____

**EXPENDITURE PROJECTIONS**

Cost Item or category	Cost/Item	# Items	Estimated Expense
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			<b>Subtotal</b>
			<b>2 Year Expense Projection</b>
			<b>2 YEAR NET</b>