Truman State University

Request to Initiate New Fee or Increase Existing Fee

Submit to Business Office – McClain 105

_____Proposed New Fee _____Proposed Change in Existing Fee

Please complete a separate proposal for each fee (or set of fees) being proposed by your unit/department.

Department: _____

Contact Person: _____ Phone: _____ Email: _____

Name of Fee: _____

Purpose of Fee: _____

Course Title (if applicable): _____ Date of Proposed Implementation*: _____

* To permit for publishing the fee in the Schedule of Classes, the fee must be approved by:

Amount of Fee: _____

_____ to be effective Fall semester

_____ to be effective Spring semester

_____ to be effective Summer Semester

If the fee is a course fee, contact the Registrar to develop appropriate information and timing for implementation of the fee. Note that all student fees shall be assessed by the Office of the Registrar and collected by the Business Office.

Who will pay the fee: _____ Students _____ Faculty/Staff _____Community _____Visitors

_____ Departmental (chargebacks) _____ Other: _____

Basis of the fee(s). How was the fee determined and calculated? Include an estimate of revenue and expense.

_____

_____

_____

Are there other funds supporting this activity/function? If yes, please list them:

_____

_____

If an existing fee: Describe the origin of the fee. When was it started and by whom? Are funds generated by the existing fee utilized for a specific purpose? (attach documentation if desired)

_____

_____

_____

How often is the fee adjusted? _____ When was it last adjusted? _____

What process is used to adjust the fee? _____

_____

Recommended for Approval

Department Chair _____
Signature Date

Dean _____
Signature Date

Provost and VPAA OR
Appropriate President's Staff Member _____ Date _____
Signature

Approval

Approved _____ Declined _____ _____ _____
President Date

For Use by Business Office

Copies to: Contact Person, Department Chair, Dean, Provost and VPAA or Appropriate President's Staff Member, Budget, Cashier, Accounts Payable, Registrar (if applicable)

Set up Complete _____ _____ _____ _____
Cashier Date A.P. Supervisor Date