REQUEST TO ESTABLISH OR ADJUST
STUDENT ANCILLARY FEE

Requests must comply with the *Student Ancillary Fees Poli*cy. If the fee is a mandatory requirement for all students, please refer to *the Tuition Fees Policy*.

Division/School:	Date Submitted:
Contact Name:	**Department:**

Impact: *(Please describe communications with those affected by this fee change.)*

	Approval Process: *(Please sign and date where appropriate.)*	Approved	Date
1st	**Dean/Director:** _____	Yes No	
2nd	**VP:** _____	Yes No	
	After Approval, Return and Copy as Follows:		
	Original to Dean/Director to Initiate Implementation Finance Department must be contacted and included in the implementation plans.		

	Copy to Finance: _____
	
	        AR Code _____
	
	        Account # _____
	
	        Update Cashier Form _____		

	Copy to Associate Registrar: _____
	
	        Update of Publications _____
	
	        Update of System _____		