



Policy Supporting Document:	E-2.3.1
Policy Holder:	VP Education

REQUEST TO ESTABLISH OR ADJUST STUDENT ANCILLARY FEE

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

Division/School:	Date Submitted:
Contact Name:	Department:
Phone:	E-mail:
Name of Fee:	Suggested Implementation Date:
What fee change is being requested? <input type="checkbox"/> Implement <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Cancel	Type of Fee: <input type="checkbox"/> Administrative/General Fee <input type="checkbox"/> Infrastructure Fee <input type="checkbox"/> Fine
Amount of Current Fee: <i>(If applicable)</i>	Amount of Proposed Fee:
Does the proposed fee cover associated costs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please explain)</i>	
Which Course/ Program is the fee for? <i>(If applicable)</i> How often would this fee be assessed per student? How many of these transactions per year do you anticipate?	
Rationale:	

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

	Approval Process: <i>(Please sign and date where appropriate.)</i>	Approved	Date
1 st	Dean/Director: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 nd	VP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ <input type="checkbox"/> AR Code _____ <input type="checkbox"/> Account # _____ <input type="checkbox"/> Update Cashier Form _____			
Copy to Associate Registrar: _____ <input type="checkbox"/> Update of Publications _____ <input type="checkbox"/> Update of System _____			