

**YOUNGSTOWN STATE UNIVERSITY  
FEE CHANGE REQUEST**

**FEE NAME:** \_\_\_\_\_

**Department/Org:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check One:**            **NEW FEE**            **MODIFICATION**

**Date of last change** \_\_\_\_\_

**Purpose of new fee or reason for modification of existing fee:**

**Fee charged per student (if applicable):** \_\_\_\_\_

**Fee charged per credit hour (if applicable):** \_\_\_\_\_

**Projected Revenue:** \_\_\_\_\_

**Required Signature Approvals, where applicable:**

**Dept. Chair or Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean or Exec. Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**President/Provost/VP:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bursar's Office:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In order to allow sufficient time for Board of Trustees review and approval, please send completed form to the YSU Budget Office at least six (6) months prior to requested effective date of the fee change.