

**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:

Description of Fee for Catalog (will not be approved without description for catalog):

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.