

**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: \$ _____

Signature Approvals, where applicable:

Dean or Director: _____ **Date:** _____

Area Division Officer: _____ **Date:** _____

Vice President, Finance: _____ **Date:** _____

Exempt from state caps ☐

Subject to state caps, ODHE approval required ☐
(more information may be needed from requestor)

Rev FOAP: _____

Exp FOAP: _____

Bursar's Office: _____ **Date:** _____

Please send completed form to the YSU Budget Office at least
six (6) months prior to requested effective date of the fee change.