

Incidental Fee Review Form

Fee Title	Fee Amount	Chart String	Date Reviewed
Purpose of Fee			
Fee Description			

New Fee	Semester	Change Required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Yes <input type="checkbox"/> No

Approval:

DeptID Holder	Signature	Date
Dean, School (if applicable)	Signature	Date
Provost	Signature	Date
Budget Office	Signature	Date
Student Finance Office	Signature	Date