

Incidental Fee Review Form

Fee Title	Fee Amount	DeptID	Date Reviewed
Purpose of Fee			
Fee Description			

Fee Still Needed?	Fee Appropriate?	Change Required?	Consent Required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Semester	Frequency	Course Fee	Date of Next Review
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> _____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Odd Year <input type="checkbox"/> Every Even Year <input type="checkbox"/> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Please fill out and attach the <u>Course Fee Request Form</u> to add, delete, decrease, or increase fees.	

Reviewed By:

DeptID Holder	Signature	Date
Dean, School (if applicable)	Signature	Date
Provost	Signature	Date