

SOUTHERN UTAH UNIVERSITY
Student Fee Review Committee
Request and Review Form

Organization Name _____

Department Head or Fund Administrator _____

E-mail _____ Phone _____

Date _____ Request for Year 2010-2011

Check appropriate box:

- Request New Student Fee
- Request an Increase/Decrease in Existing Student Fee
- No Change in Fee – Review Only

Name/Purpose of Student Fee _____

Amount (per semester) of Student Fee _____

Term/Duration of Student Fee _____

Justification of Student Fee _____

Attach income and expense report for last year and a current fund balance. If this request is for a new fee, attach a proposed budget.