

## BUSINESS SERVICES – ACCOUNTING

1250 Siskiyou Blvd, Ashland, Oregon 97520  
T 541-552-8536 | F 541-52-6573

### APPLICATION TO **ADD** SPECIAL FEE

Fiscal Year \_\_\_\_\_

This form must have the appropriate Director's signature and be submitted to your Accountant by the deadline as listed on your initial email notification. The added fees will be effective Summer Term.

**Date of Application:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Course Prefix, Number, and Title:** \_\_\_\_\_ **<Or>**

**Title for Non-Academic Fee:** \_\_\_\_\_

**Will fee be needed for Summer Term?**      Yes      No

**Fee Amount Proposed (Per Student):** \$ \_\_\_\_\_ Check box if "Up to"

**Projected Annual Enrollment:** \_\_\_\_\_

**Projected Annual Revenue:** \$ \_\_\_\_\_

**Amount of Fee Allocated for Transportation, Lodging, Food, or Medical Insurance:** \$ \_\_\_\_\_

**Cost Ctr:** \_\_\_\_\_ **DE:** \_\_\_\_\_ **Fund:** \_\_\_\_\_ **FC:** \_\_\_\_\_ **Detail Code** \_\_\_\_\_ Check box if needed

**Narrative justification for the new fee with a description of how the fee revenue will be spent, and the value added for the course/non-academic fee being charged:**

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**Budget that details the anticipated revenue and expenses associated with the fee account:**

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#### **Contact information:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

#### **Signatures**

**Dean:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accountant Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you would like guidance in completing the form correctly, your Accountant has been trained to assist you with this process. Special Fees forms are due to your Accountant upon completion.