

SUNY Potsdam Academic Course / Other Fee Request Form

Requestor Information

Contact Name:	
Department:	

Fee Information

Fiscal Year:	Select One:
Account Number:	
Account Name:	
Fee Name:	
Fee Description:	

Only Fill in Cells Not Automatically Populated
Gray Cells will Automatically Populate

Course Fee Request Submission Instructions/Guidelines:

The fee request forms must be filled out in their entirety.
 Course numbers and titles are required for any course fee requests.
 Course/program descriptions must be submitted with any course fee requests.
 A memo from the department chair to the Dean explaining the need for the fee is required.
 Expenditures listed on the request form must be itemized with calculated totals (a separate document can be submitted if necessary).
 PSR expenditures cannot include instructional staff or technicians.
 OTPS expenditures cannot include routine materials, textbooks, or food.
 Equipment costs must be broken down (allocated to all courses/labs using the equipment)
 Cash balance for existing IFR accounts must be explained along with a plan to demonstrate how and when that balance will be used

Submission Deadlines for Mandatory, Course Fees, and Campus Authorized Fees

Academic Term for Fee Implementation	Request Due to Budget and Financial Reporting Office
Fall and Summer Course Fees	February 15th
Spring and Winter Course Fees	July 15th

Please send the completed and signed request form to Phyllis Charleson (charlepc@potsdam.edu).

State University of New York
 Academic Course / Other Fee Budget Template
 Campus Name: Potsdam

Course ID:	Course Name:	Current Fee	Requested Change	Proposed Fee	Percent Change
				\$ -	#N/A

Select One:

Select One: Other:

Effective semester or date of change:
 Date of last fee rate approval:

Department:

Note: Please attach course/program description from course catalog with fee request (if applicable)

NET REVENUE

Annual Number of Students	Current Fee	Proposed Fee	Percent Change	Total
	\$ -	\$ -	#N/A	\$ -
Less: Overhead		Rate:	14.30%	\$ -
Net Revenue				\$ -

EXPENDITURES

Personal Service (describe positions)		** Do Not Include Instructional Staff **	
Personal Service Regular			
Personal Service Temp			
Total Personal Service			\$ -
Fringe Benefit Cost		Rate:	FALSE
Student Salaries			\$ -
Total Salaries and Benefits			\$ -
OTPS (insert lines as needed)			
Course Supplies			
Laboratory/Other Materials			
Transportation			
Equipment (including rental)			
Certification			
Other (identify)			
Other (identify)			
Other (identify)			
Other (identify)			
Total OTPS			\$ -
Total Expenditures			\$ -

NET SURPLUS (NET REVENUE MINUS EXPENDITURES)

Net Surplus	\$ -
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IFR account where fee is deposited #:

Account Name:

Current account balance

This fee meets the following criteria (please check appropriate box and explain in more detail on the justification tab):

Results in Significant Savings for the Student (Please Select)

Results in end-product that is retained or consumed by student (Please Select)

Mandatory elements of this course entail extraordinary costs: (Please Select)

Items are in compliance with section B.1.V. of Chancellor Authorized Fees Policy 7804 (Please Select)

Is there a fee schedule attached? (Please select)

Fee is charged to: (Please select)

Is there a waiver policy? (Please select)

Is the fee refundable? (Please select)

Has the student consultant process been performed? (Please select)

Campus Approvals

Approved By:	<u>Name:</u>	<u>Title:</u>	<u>Signature:</u>	<u>Date:</u>
Initiating Department				
Department Chair				
Dean				
Provost				
Budget Officer				
VP Finance/Admin.				
President (or designee)				

**State University of New York
Fee Justification**

Does the proposed charge provide special course supplies and/or materials where the students retain an end product of worth? Explain end product.

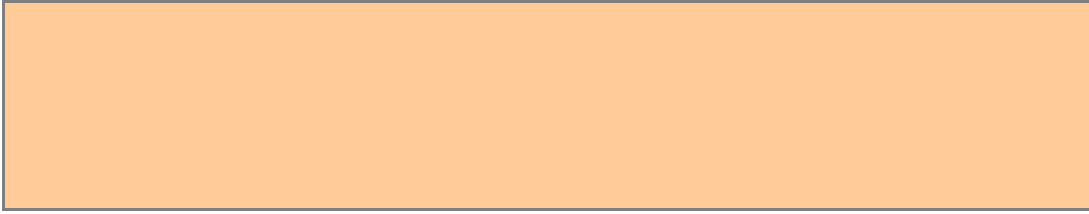
Does the proposed charge provide special and unique services? If so, explain.

Does the proposed charge involve extraordinary costs associated directly with attaining a degree, diploma, or certification? If so, explain.

If this fee is related to a course required for graduation and/or degree completion, how many other courses in that area of study have fees?

Does the proposed charge cover costs associated with a course specific to scientific chemicals, supplies and materials, modest equipment, and/or proper disposal of waste? If so, explain.

Does the proposed charge add value to the student body/campus? Explain



Does the proposed charge provide a service or savings to students? If so, explain.



Is the proposed charge for a service or item that is already provide for under student tuition? If so, explain



If there is a current account balance, explain how this will be used.



How is this fee to be charged to the students and who is to be charged? Is there a fee schedule available?



Is there a waiver or refund policy associated with this fee? Please attach any pertinent documentation.



If student consultation is being performed for this fee, please provide a description of the process and results.



Additional Information Regarding Fee Request



**State University of New York
Financial Summary for Fee Requests**

Fee Name: _____
Account #: _____

	Select One: Budget	Year 2 Budget
Revenue		
# of Students	0	
Total Revenue Amount	\$ -	\$ -
Less: Overhead (14.30%)	\$ -	\$ -
Net Revenue	\$ -	\$ -
Expenditures		
Personal Services - Regular	\$ -	
Personal Services - Temporary	\$ -	
Fringe Benefit Cost	\$ -	#N/A
Student Salaries	\$ -	
Total Salaries and Benefits	\$ -	#N/A
OTPS		
Course Supplies	\$ -	
Laboratory/Other Materials	\$ -	
Transportation	\$ -	
Equipment (including rental)	\$ -	
Certification	\$ -	
Other (identify)	\$ -	
Other (identify)	\$ -	
Other (identify)	\$ -	
Other (identify)	\$ -	
Total OTPS	\$ -	\$ -
Total Expenditures	\$ -	#N/A
Operating Surplus/(Deficit) before Cash Transfers	\$ -	#N/A
Cash Transfers		
Net Income/(Deficit)	\$ -	#N/A
Beginning Adjusted Cash Balance	\$ -	\$ -
Ending Cash Balance	\$ -	#N/A

Year 3 Budget	
\$	-
\$	-
\$	-
	#N/A
	#N/A
\$	-
	#N/A
	#N/A
	#N/A
	#N/A
	#N/A