| **ITEM** | **Complete this Column**  \*\* Every item must be completed to be considered \*\* |
| --- | --- |
| **School/College/Unit Initiating Request** |  |
| **Department/Program Initiating Request** |  |
| **Contact Name** (for inquiries related to this fee) |  |
| **Fee Name** |  |
| **Who will be, or is currently, charged this fee?** For example, students in a particular degree program, year, or major |  |
| **Requested Fee Amount** | $ |
| **Effective Term and Year** | Fall 2022  Spring 2023  Summer 2023 |

Recommendation

The Advisory Committee **recommends** campus approval.

The Advisory Committee **does not recommend** campus approval for the following reason(s):

The budget was not accurate or not well defined.

The use of funds was not appropriate for a program fee.

The rationale was not strongly defended.

The forms were not completed.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This request is recommended with the following modifications:

**Advisory Committee Comments:** Provide any additional comments about the proposed fee.

**Advisory Committee Participants:** Please provide names of Advisory Committee participants and role. The Advisory Committee should consist of a student organization/government representative, at least one student affected by the proposed fee (if applicable), a student appointed by the appropriate Dean or Vice Chancellor, and a faculty and/or staff member appointed by the appropriate Dean or Vice Chancellor.

| **Role** | **Please print name legibly before signing** |
| --- | --- |
| Student Organization/Gov’t Representative: | Name  Signature |
| Student appointed by Dean/VC: | Name  Signature |
| Faculty/Staff member appointed by Dean/VC: | Name  Signature |
| Student affected by proposed fee (if applicable): | Name  Signature |

Please submit this request with the completed Fee Request Form to: BFP@Colorado.edu