

**Minot State University
Fee Change Request Form**

Request submitted by: _____

Date of Request: _____

Name and Fund # of current fee (if applicable): _____

Current Fee: _____

Proposed Fee: _____

Net Increase: _____ **/Decrease:** _____

<p>Justification/explanation narrative: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">(Attach additional documentation if needed)</p>

Justification/explanation detail:

List positions supported by this fee: _____

Salary: _____

Benefits: _____

Other expenses: _____

Equipment: _____

Anticipated ending cash balance: _____

Fee change requests should be submitted to the Student Affairs Office by **4:30 p.m. Wed. Nov. 21, 2018.**