



THE UNIVERSITY of TEXAS SYSTEM
THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

Request Form for New and Increased Delegated Fees and Charges

Institution:	Contact person if there are questions:
Contact email address:	Proposed effective date of new/increased fee:
Type of fee: Other, please specify:	
Name of fee (as it is/will be listed in the catalog):	
Statutory authority for collecting this fee:	
Current fee rate (if new enter \$0):	Charge basis:
Proposed fee rate:	Date of last increase (if new, leave blank):

Briefly describe why you are proposing to increase this fee and describe your intended use of the new revenue. If the proposed increase is needed to defray the costs associated with equipment, supplies or vendor services (e.g., food service providers), please provide relevant supporting documentation, if available.

Estimate the annual number of students who are assessed this fee and describe the population(s) (e.g., international students, student-athletes, etc.).

If relevant, provide an analysis of this fee at peer/comparable institutions, including the rate and the services/activities provided in return.

Signature of President _____