

California State University, San Bernardino
Fee Proposal for Presidential Review

Name of Fee: Transcript Fees

Check Fee Category (see Executive Order 1034, Attachment 2 under Definitions <http://www.calstate.edu/eo/EO-1034.pdf>):

- Category IV, Fees other than Category II or III**
 (Non-coursework materials, services, penalty or use of service fees)
- Category V, Self Support Fees**
 (Only CEL, Parking, Housing, One Card or Student Health Services)
 (Note: for course fee requests use the "Miscellaneous Course Fee Request" process and form.)



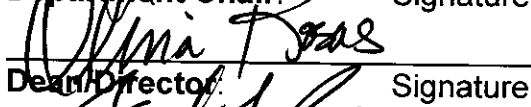
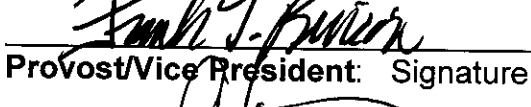
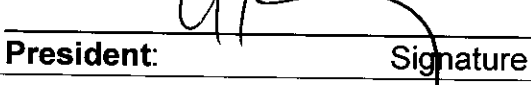
Proposed action effective (specify date): June 1, 2011

- Establish a new fee/person of \$ _____
- Change an existing fee. Current amount of the fee/person \$ 4.00 & 2.00
 - Increase the fee/person to \$ 6.00 & 3.00 (if multiple categories, attach schedule)
 - Decrease the fee/person to \$ _____ (if multiple categories, attach schedule)
 - Eliminate the fee.

Requester: Mary Chouinard **Department:** Records, Registration & Evaluations

Contact #: x75077 **Email Address:** mchouina

Also please complete and submit the following completed forms:
 Page 2 – *Rationale for the Fee*, and Page 3 – *Fee Revenue/Expense Projections*.

Reviewed/Approved: I recommend approval of the proposed fee action.		
	Requestor: Signature	Mary Chouinard Printed Name 5/25/11 Date
	Department Chair: Signature	Mary Chouinard Printed Name 5/25/11 Date
	Dean/Director: Signature	Olivia Rosas Printed Name 5/27/11 Date
	Provost/Vice President: Signature	FRANK Rincon Printed Name 5/31/2011 Date
	President: Signature	Al Karnig Printed Name 6/1/11 Date

Please submit the original and 2 copies to:
 Director of Accounting, SH104

Fee Proposal for Presidential Review – Page 2
Rationale for the Fee

Name of Fee: Transcript Fees

Department Name: Records, Registration & Evaluations **Proposed Fee Amount:** \$6.00 & \$ 3.00

Please limit your response to this page.

1. Indicate who will be charged this fee
2. If multiple related fees under the same category, list types and amounts.
3. Provide a description of services or materials to be provided for the fee(s).
What other resources have been used in the past/considered to cover these services/materials?
What's the benefit to the individuals receiving these materials/services?

Students who request "regular" transcripts (process time 2-4 business days) either in person, by phone, or online will be assessed the new fees.

Implications/Benefits: Revenue for the Department. As enrollment has increased, so has the volume of requests for transcripts. In addition, the cost of transcript paper, printers, ink and the staff required to process requests, etc., has also increased. The Chancellor's Office has granted campuses the ability to change the fee; other CSU's are also implementing the fee increase for transcript processing.

Fee Proposal for Presidential Review - Page 3
Fee Revenue/Expense Projection

Name of Fee: Transcript Fees

Department Name: Records, Registration & Evaluations **Proposed Fee Amount(s):** \$6.00 & \$3.00

Note: minimum revenue threshold for new fees is \$500 per year. This is an active Excel worksheet. You can amend the format to meet your revenue and expense calculation needs. Double click on the sheet to activate the worksheet.

Projections for one year

Revenue Projections	Proposed Fee (nearest whole \$)	# Individuals/term	# terms/ year	Estimated Revenue
Transcript fee (1st copy)	2	14936	1	\$29,872
Transcript fee (additional)	1	12220	1	\$12,220
Fee name				\$0
Fee name				\$0
Fee name				\$0
(insert rows to expand # of lines)				
Subtotal, Estimated Revenue				<hr/> \$42,092

Expenditure Projections	Cost/item	# items		Estimated Expense
Transcript Paper	0.16	27157	1	\$4,345
Printer Ink	0.02	27157	1	\$543
Envelopes	0.15	27157	1	\$4,074
Transcript Tape	0.21	27157	1	\$5,703
NCR Transcript Request forms	0.11	27157	1	\$2,987
1.0 FTE Staff to process	18798	1	1	\$18,798
.15 FTE Staff to process	5700	1	1	\$5,700
Cost item or category				
Cost item or category				
Cost item or category				
Cost item or category				
(insert rows to expand # of lines)				
				<hr/> \$42,150

Net -\$58

Average annual debt payments (if applicable) \$0

Debt Coverage Ratio for funds with outstanding capital project loans #DIV/0!