

**RADFORD UNIVERSITY**  
**Fee Request/Waiver Form**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requestor's Dept.: \_\_\_\_\_ Org. Code: \_\_\_\_\_

Fee Information (check one):                      New Fee                      Fee Modification                      Fee Waiver

Fee Collection Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Requested Rate (\$): \_\_\_\_\_ Frequency of Fee Assessment: \_\_\_\_\_

Increase/Decrease (\$): \_\_\_\_\_ How Fee is Collected: \_\_\_\_\_

Provide a brief description of the proposed fee, an estimate of the expected revenue generated or lost, and an explanation of how the revenue will be used if this is a new fee.

Identify the department and/or individual responsible for collecting, tracking, depositing and reconciling the fee.

Describe the impact on the department if this request is not granted.

Add any other comments, details, or supporting information as necessary.

# REQUIRED APPROVALS

REQUESTOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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Check One Box:      APPROVED                      DISAPPROVED

Dean/Director/  
Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Comments:

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Check One Box:      APPROVED                      DISAPPROVED

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_  
(e.g. Vice President)

Title: \_\_\_\_\_

Comments:

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Check One Box:      APPROVED                      DISAPPROVED

OBFP Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Budget & Financial Planning

Comments:

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Check One Box:      APPROVED                      DISAPPROVED

CFO/VPFA  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CFO & Vice President for Finance & Administration

Comments: