

**College of Agriculture, Food and Environmental Sciences
College Based Fee Increase Fund Request Form**

Name: _____ CAFES Dept: _____
(Organization/department)

Have you already asked your department for funding? YES NO
*If yes, what was their response? (You may attach additional pages)

Amount of request: _____
Reason for request:

Approximately how many students will benefit from your request?

Is more than one CAFES department involved in your request?
 YES NO

*If yes, what other departments?

Contact Information:

Name: _____

Email: _____

Phone #: _____

*** Please feel free to attach any additional information that you feel is appropriate to your request ***

***Office Use Only: Contacted _____
Date Initials