HU	MBOLI	<b>DT</b> STATE U	JNIVERSITY		FEER	EQUEST FOR	M - Part 1 of 3		
Stu	dent	Fee Categ	orv: □ Category II :	(Mandatory campu		#(80004 \V - \ Eategory III (Cour			
In ac that advis	cordance appropri cory com	e with the pro iate and mear amittee prior to his process, pl	ovisions of the California Staningful consultation occurs o establishing or adjusting the ease provide the information bmission of proposal:	nte University (CSU) <u>Ex</u> prior to adjusting any hese fees.   茶	Category II or III fe THISPEE IS A BEILLA A PASS T FOLLUTIONS	, the President is res	sponsible for assuring with the campus fer the two of two of the two of the two of two of the two of two of the two of two		
Part	2 - Fee F	Request Form Request Narrat ncial Data She		ı, signed by Requestor	, Dean/Director and	l the divisional Vice F	'resident		
	I. Request to:				a Campus Fee ADJUST a Campus Fee				
	II.	Name of F	ee: Certified Interpretive	e Guide Training $+ \mathcal{E}$	3M 350				
	111.	Current Fe		per					
		Proposed	Fee: \$ 10.00	per	one-time				
	IV.	Proposed	Effective Date: Fall 2017		Western State of the State of t				
Rou	ting (	Order:				-			
	1. Subr	mitted by:	Steve Martin, Dept. Chai	ノント	Martin	7-8-17	5637		
			Dept. Representative N	lame Signa	ture /	Date	Phone		
	2. Approved by:		Rick Zechr	nan Z		2-9-17	23546		
		í A	Dean / Director Name	Signa	ture	Date	Phone		
	3. Appr	roved by:	Dr. Alex	Enyedi Signa	tura	2-9-117 Date	x 370Q Phone		
	4 4000	round Dur	Condra Wieskou	Λ.	L. M. L	Date	FHOIC		

Sandra Wieckowski Manager, Student Financial Services 5. Recommended by: Chair - SFAC Signature Date Phone ☐ Recommend approval ☐ Recommend approval w/modification ☐ Recommend Denial Comments from SFAC (if needed) 5. Reviewed By: Lisa A. Rossbacher 3311 President Fee Approved Fee approved with modifications Fee Denied Comments from the President (if needed): 7. Form with President's signature sent to Manager, Student Financial Services.

For questions regarding fees proposal, call Sandra Wieckowski, 826-4937.

Form updated: 05/11/16

1.	Clearly list all assumptions used when creating this proposal.
	We assume that students will benefit from becoming Certified Interpretive Guides.
2.	Clearly state the expenditures that will be funded by this proposed revenue source.
	The book required for the training costs \$10 per book. The way the National Association for Interpretation has its Interpretive Guide Certification set up, we have to order all the books from them and then they bill us. Students cannot purchase the books individually.
3.	Clearly state the reason(s) why this fee or fee increase is necessary (include references to executive orders, CA law, etc.)
4.	Students in the Environmental Interpretation program commonly go on to work for California State Parks and for the National Park Service. Being certified as an Interpretive Guide by the National Association for Interpretation will give students a competitive advantage in hiring.  The Certified Interpretive Guide Training is being integrated into the content of our ESM 350 course.  Clearly articulate why the level of fee proposed is the appropriate amount to charge.
	\$10 is the cost of the required book.
5.	Time line Information:
	We would like to start offering this in Fall 2017.

Name of Fee: Certified Interpretive Guide Training **Current Fee** Proposed fee Year 1 Year 2 Year 3 0 10 10 10 Estimated #of participants that will be assessed this fee Current # of participants 0 24 24 24 **Historical Data Prospective Data** (for fee increase (2 years for fee increase; 3 years for new fee) proposal) Fiscal year 2019-20 2017-18 2018-19 Fee Adjustment Proposal: Enter ONE complete year of historical actual revenue and expenditure data and TWO years of prospective data. New Fee Proposal: Enter THREE years of prospective revenue and expenditure data. Fee Revenue Type: course fee - Misc. Fes 240 240 240 Total Revenue: \$ 240 **240** 240 Expenditure Type: (List typical categories of expenditure costs that the fee proposed will cover - salaries, travel, supplies, rental of meeting room, etc.) Required book for certification course 240 240 240

Please note below the chartfield string where the existing revenue fee and actual expenditures are recorded for this program.

240

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FUND	DEPT ID	PROGRAM	CLASS	PROJECT
HM500	D20056		EMP 350	Certification

Total Expenditures: \$

Net (Revenue minus Expenditures)

240