

## 2014-15 Appeal for Student Cost of Attendance Budget Adjustment

Name	MU I	D Number
costs of	dget used to calculate your aid eligibility is based f tuition, fees, books, supplies, housing, meals, transpentation must be provided for all expenses l	portation and miscellaneous personal expenses.
☐ Und☐ Grac☐ CAM	indicate your student type: ergraduate duate MC, Physical Therapy and Pharmacy Students a share an apartment with anyone other than a spouse use attending college? □ yes □ no	?? □ yes □ no
Expens	ses for which you may appeal	
Dis •	sabled Students Expenses  For personal assistance, transportation, equipment You will need to provide receipts.	and supplies not provide by an agency.
De •	child care Expenses  Child care provided by outside agency/provider (recare must be necessary for the student to attend so Time periods covered include class time, field wor related activities.  Please provide the name and age of the child on the	chool ck, internships, commuting time and other study
B00 • •	You will need to provide receipts.  Fall \$ Spring \$	
Di •	rect Educational Expenses  You will need a letter from your academic departn necessary for Research of thesis, an internship or c	
Sp • •	You will need to request an evaluation of actual tu Fall \$ Spring \$	ition and fee costs for each semester.

## **Off Campus Housing Expenses**

- A portion of your housing expenses, based on family size, has already been taking into consideration through income protection allowance.
- A student's expenses can only be recognized during the enrollment period.

## Please provide documentation of your monthly expenses.

Rent/ House payment	
Electric*	
Gas*	
Telephone*	
Water*	
Internet*	
Garbage Removal*	
Other utilities*	
Food*	
Transportation*	
Other*	
Other*	
Other*	
Other*	
Total	

## \*Doctoral students only

I certify that all the information on the form and any attachments are complete and accurate to the best of my knowledge. I understand that if any federal student aid is received based on incorrect information, I will have to pay it back. I may also have to pay fines and/or penalties.

Student's Signature		Date		
E-mail Address		Telephone number		
Please return form to:	Office of Student Financial Assistance One John Marshall Drive, OM 116 Huntington, WV 25755 Fax: (304) 696-3242			
For office use only:				
□ Approved				
☐ Denied: Reason for denial				
☐ Housing calculation for independent undergraduate and graduate students:				
IPA= \$	(22%) = \$ Off campus housing costs	s \$=\$		
Office Signature:	Date:			