BAJR

2012-13 Appeal for Student Cost of Attendance Budget Adjustment

_____ _____
Name MU ID Number

The budget used to calculate your aid eligibility is based on full time enrollment and includes estimated costs of tuition, fees, books, supplies, housing, meals, transportation and miscellaneous personal expenses.

Please indicate your student type:
☐ Undergraduate
☐ Graduate
☐ CAMC Anesthesia
☐ Medical Students ☐ 1st, 2nd or 4th year (10 months) ☐ 3rd year (12 months)

Do you share an apartment with anyone other than a spouse? ☐ yes ☐ no
Is spouse attending college? ☐ yes ☐ no

Expenses for which you may appeal

Disabled Students Expenses
- For personal assistance, transportation, equipment and supplies not provide by an agency.
- You will need to provide receipts.

Dependent Care Expenses
- Child care provided by outside agency/provider (receipts/contract required).
- Care must be necessary for the student to attend school
- Time periods covered include class time, field work, internships, commuting time and other study related activities.
- Please provide the name and age of the child on the receipts or contract.

Books and supplies for classes
- You will need to provide receipts.
- Fall $_____
- Spring $_____

Direct Educational Expenses
- You will need a letter from your academic department indicating that these are reasonable and necessary for Research of thesis, an internship or coursework for your degree.

Specialized Fees
- You will need to request an evaluation of actual tuition and fee costs for each semester.
- Fall $_____
- Spring $_____

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-- $_____ =$_____

Office Signature: _____Date: _____