

## 2025-2026 Budget Appeal

First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)
Phone Number (include area code) or Email			Date of Birth
3. Student Expenses			
additional allowable ex	penses that you	are incurring during the	cost of attendance (COA). If you have academic year that are higher than your ancial aid eligibility—to include them.
			ance. Expenses must be incurred during s required for all of the expenses you
<ol> <li>Off-Campus Re</li> <li>a. Utilitie</li> <li>Transportation</li> </ol>	S	\$ \$ \$	/Month /Month /Month
<ul><li>3) Computer Purc</li><li>4) Medical/Denta</li></ul>	hase I Expenses	\$ \$	/One Purchase /Academic Year
5) Child Care Expe 6) Special Books/5 7)		\$ \$ _ \$	/Month /Academic Year /Month
<b>Required:</b> Attach a sig 2026 cost of attendanc		describing your reason(s)	for requesting that we adjust your 2025
situation stated above. By signi	on will be reviewed ar	nder penalty of perjury, that all the	ional documentation or clarification pertaining to my e information reported to qualify for federal student ksheet, I may be fined, be sentenced to jail, or both.
Stude	nt's Signature		Date
Parent's Signat	ure (Dependent Stu		Date