

## 2023-2024 Budget Appeal

First Name	M.I.	Last Name	Student ID # (DO NOT INCLUDE SSN)
Phone Nui	mber (include area co	Date of Birth	
3. Student Expense	s		
additional allowable e	expenses 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.
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			ance. Expenses must be incurred during a required for all of the expenses you
ist below.	,	,	. ,
1) Off-Campus R	ent/Mortgage	\$	/Month
a. Utiliti		\$ \$	/Month
2) Transportatio		\$	/Month
3) Computer Pu		\$	/One Purchase
4) Medical/Dent		\$	/Academic Year
5) Child Care Exp	•	\$	/Month
6) Special Books		\$	/Academic Year
7)	Jupplies	\$	/Month
	-	lescribing your reason(s)	for requesting that we adjust your 2023
2024 cost of attendar	ice.		
C Cautification and	C:		
C. Certification and		d I may be asked to provide additi	onal documentation or clarification pertaining to my
			information reported to qualify for federal student
assistance is complete and ac	curate. If I give false or n	nisleading information on this wor	ksheet, I may be fined, be sentenced to jail, or both.
Student's Signature			Date
Stuc	iciit 3 Signature		Date
Parent's Signature (Dependent Student)			Date