

BUDGET APPEAL FORM

2020-2021 Academic Year

Name: _____
Last First MI

BU ID: _____

Email: _____

Telephone Number: _____

INCREASE IN 2020-2021 COST OF ATTENDANCE BUDGET

The total cost of attendance includes tuition, fees, and living expenses for the nine-month academic year 2020-2021. This budget is developed in accordance with federal guidelines and represents a maximum amount a student needs during the academic year, based on reasonable expenses.

Please review your current cost of attendance *before* submitting this form. You are not required to complete the appeal form if your expenses do not exceed the cost of attendance.

Reasons for Appeal:

Complete this form to request an increase to your cost of attendance for education related expenses. If your cost of attendance is increased and you have additional federal loan eligibility, we will increase your loans. If you have no remaining federal loan eligibility, you will need to apply for an alternative loan. This appeal will not make you eligible for additional grant or scholarship funds.

Additional Fees: (i.e. BU Medical insurance; Sports Pass)	\$
Transportation Expenses: Receipts required. Relocation expenses only available to 1 st year students. Must exceed the standard transportation allowance of \$560 per semester (excludes Uber & Lyft as these are not essential)	\$
One-time Computer Purchase: Receipt required w/ full name	\$
Room and Board: Copy of your signed lease AND monthly utility bills. These costs must exceed the standard room allowance of \$7,095 per semester already included in the cost of attendance.	\$
Dependent Child Care Costs: Letter from the dependent care provider that includes the agreement for fees and hours.	\$
Comments:	

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information in previous appeals, this may be reviewed for accuracy and it may impact the outcome of this and or any future appeal.

Student signature: _____ Date: _____

Spouse's signature (if applicable): _____ Date: _____

