BUDGET APPEAL FORM

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| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First MI | BU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |

## INCREASE IN 2021-2022 COST OF ATTENDANCE BUDGET

The total cost of attendance includes tuition, fees, and living expenses for the nine-month academic year 2021-2022. 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 1st 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 $7,295 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:\_\_\_\_\_\_\_\_\_\_\_

**Questrom Graduate Financial Aid**

**Graduate Admissions and Financial Aid Office**

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