## **BUDGET APPEAL FORM**

BU ID: \_\_\_\_\_

Phone:

## 2025-2026 Academic Year

The total Cost of Attendance (COA) includes tuition, fees, and living expenses for the nine-month academic year 2025-2026. 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 <b>before</b> submitting this form. You are not required to complete the appeal form if your expenses do not exceed the cost of attendance.	
Complete this form to request an increase to your cost of attendance for education related ex attendance is increased and you have additional federal loan eligibility, we will increase your remaining federal loan eligibility, you will need to apply for an alternative loan. This appeal will not additional grant or scholarship funds.	loans. If you have no
ADDITIONAL FEES: (i.e. BU Medical insurance; Sports Pass).	\$
TRANSPORTATION EXPENSES:  Receipts required. Relocation expenses only available to 1 <sup>st</sup> 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 & BOARD:  Copy of your signed lease AND monthly utility bills. These costs must exceed the standard room allowance 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 provide all supporting documentation required. I understand that failure to comply may result in appeal. I further understand that if I have provided information in previous appeals, this may be and it may impact the outcome of this and or any future appeal.	the cancellation of this



Name: \_\_\_\_\_\_

Email: \_\_\_\_\_

INCREASE IN 2025-2026 COST OF ATTENDANCE BUDGET!

Questrom Graduate Financial Aid
Graduate Admissions and Financial Aid Office
595 Commonwealth Avenue, Suite 115
Boston, MA 02215
questromfa@bu.edu

Date: \_\_\_\_\_

Student Signature:

Spouse Signature: