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Student Name

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Date

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Student ID

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Email

## Financial Aid Appeal for Increase to Budget for Obtaining Additional Loan Assistance

To determine eligibility for any type of financial aid, we must construct an Educational Cost of Attendance (COA) budget for each student. These COA's are assigned using standard costs for living and transportation, etc. A student cannot receive financial aid that exceeds their COA.

Sometimes, a student has expenses unique to their personal living situation, etc. which would be unknown to us. Regulations allow us to collect individual expenses to review and possibly increase the overall COA, which will allow for additional loan funds. By following the Appeal Process below, we can review and see if your expenses exceed your current COA to possibly increase certain loan eligibility.

Please note, the Appeal Committee can only consider amounts that are in addition to what the University has already accounted for in your COA. In addition, we may not be able to use all expenses submitted depending on the type of expense.

The following students can request for an increase to their COA:

- Dependent students seeking to increase their Parent PLUS Loan
- Graduate students seeking to increase their Grad PLUS Loan
- Student seeking a Private Student Loan

You must submit the following for your Appeal to be considered:

- Completed, signed "Worksheet for Appeal to Standard Cost of Attendance Budgets" (on second page)
- Supporting documentation whenever possible. (Ex: bills statements, lease cost, receipts, etc.)

Your appeal will be reviewed and you will receive an updated award letter.

If you need further information, please contact the Financial Aid Office at: 703-284-1530.

## WORKSHEET FOR APPEAL TO STANDARD COST OF ATTENDANCE BUDGETS

Which semester(s) would you like to appeal for? \_\_\_\_\_

	<b>How Much Per Month</b>	<b>Or One Time Cost</b>
Rent/Mortgage		
Books/School Supplies		
Medical		
Laptop		
Utilities (Electricity/Water)		
Cable		
Phone		
Toiletries		
Auto Gas		
Car Payment		
MU Student Health Insurance (not waiving)		
Food		
Other (be specific):		
Other (be specific):		

Signature: \_\_\_\_\_

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

