Use this form to request a review of your financial aid budget due to special circumstances. **Changes resulting from this review do not guarantee an increase in aid.** You must complete this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. **Be sure to include an amount in the “Effective Amount” column.**

### REASON FOR BUDGET REVISION
Check all boxes that apply - include effective amounts and attach appropriate documentation. Below are circumstances which might be included, but are not limited to:

<table>
<thead>
<tr>
<th>Check Boxes</th>
<th>Budget Category</th>
<th>Reason for Budget Revision</th>
<th>Effective Amount</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Books and Supplies</td>
<td>Purchase of Computer, Printer or Software</td>
<td>$</td>
<td>* Copy of receipts/cancelled checks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>One-time purchase per item</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuition &amp; Fees</td>
<td>Special Program of Study Expenses</td>
<td>$</td>
<td>• Departmental letter indicating that courses are a requirement.</td>
</tr>
<tr>
<td></td>
<td>Transportation</td>
<td>Required Field Trip</td>
<td>$</td>
<td>• Departmental letter indicating typical costs and that trip is a class requirement.</td>
</tr>
<tr>
<td></td>
<td>Books and Supplies</td>
<td>Other Purchases; list type:</td>
<td>$</td>
<td>• Appropriate documentation to explain the situation and copy of receipts/cancelled checks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Other Expenses; list type:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal/Miscellaneous</td>
<td></td>
<td></td>
<td>• Appropriate documentation to explain the situation and copy of receipts/cancelled checks.</td>
</tr>
</tbody>
</table>

**Classification:**
- Graduate
- Undergraduate

**Housing Status:**
- On-campus
- Off-campus
- Living-with-parent(s)

**Term:**
- Fall
- Spring
- Summer

I certify that all the information provided on this form is complete and correct to the best of my knowledge.

__________________________________________________________
Student’s Signature                                      Date

* You may be required to include a copy of the receipts or cancelled checks for the purchase of items before the budget appeal can be completed.

**Return completed form along with documentation to:**
Coppin State University
Office of Financial Aid
2500 W. North Ave
Baltimore, MD 21216
(410) 951-2551 (Fax)

**OFFICE USE ONLY:**

Approved     _____         Denied      _____    _______________________________________________________________________________ ________

__________________________________________________________
Signature                                      Date