BUDGET APPEALS FORM
2018-2019

Student ID

Please Print: Last Name                                   First Name                        Middle Initial                                   Social Security Number

(Local) Street Address or P. O. Box

City                                         State                      Zip Code

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 (in excess of standard budget)</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 One-time purchase per item</td>
<td>$</td>
<td>* Copy of receipts/cancelled checks.</td>
</tr>
<tr>
<td></td>
<td>Tuition &amp; Fees</td>
<td>Special Program of Study Expenses</td>
<td>$</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>Personal/Miscellaneous</td>
<td>Other Expenses; list type:</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