



Cost of Attendance Budget Increase Request Form

Per federal financial aid guidelines, student budgets may be increase for only the items listed below. You will be notified via email when the request is either approved or denied. Requests with incomplete documentation will not be approved.

Please note the following:

- All expenses listed on this form must be supported by appropriate documentation. **Expenses listed without supporting documentation will not be reviewed.**
- A determination with respect to your appeal will be sent via email within 10 business days.
- If approved, you may apply for additional federal and/or credit based loans to cover those expenses.
- This form and documentation should be returned to the Financial Aid Processing Center. Documents can be scanned and emailed to ACP-FAO@financialaidservices.org.

Allowable Items for a Cost of Attendance Increase

Please provide the cost and supporting documentation for each budget item you wish to have reviewed. You must enter an amount you are requesting for the item(s) selected below.

___ Fall Term

___ Spring Term

___ Summer Term

_____ Dependent care expenses which occur during the academic year, and which are necessary in order for you to attend class. Requested Amount \$ _____

- Provide a signed letter or signed contract from your care provider including:
 - Dependent's name and date of birth.
 - Cost of daycare and academic year schedule of care provided.
- Recent receipts of payment.
- May not include private school tuition.
- Adjustments will not exceed \$600/month.

_____ Other Miscellaneous Education Related Expenses. Requested Amount \$ _____

- Expenses could include medical/dental not covered by insurance, unexpected transportation costs (including repairs), etc.

By signing this form, I certify that the information provided within this request is accurate. I agree to provide the Financial Aid Processing Center for Appalachian College of Pharmacy additional information if necessary. I understand that if I am awarded additional Federal Direct Loans based on my request, that loan fees will be deducted from each disbursement by the Direct Loan Program. I understand that additional loans approved based on my request will increase my student loan debt, and that this may result in higher student loan payments, additional time needed to pay off student loans, or both.

Student Signature

Date