



**Office of Financial Aid  
New York University**

**BUDGET APPEAL**

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

**UID:** \_\_\_\_\_

NYU recognizes that a student's total expenses for the academic year may exceed the NYU standard cost of attendance. This appeal form allows the Office of Financial Aid to examine selected **education related** expenses and evaluate your option for additional loan funding.

The Office of Financial Aid will review this request within 3 weeks. Decisions are based upon your provided documentation and are directed by administrative parameters previously established by New York University. All decisions are final. **Incomplete requests will not be processed until all supporting documentation is received.**

1. Please check one:
- |                          |                 |             |
|--------------------------|-----------------|-------------|
|                          | <u>Semester</u> | <u>Year</u> |
| <input type="checkbox"/> | Fall/Spring     | _____       |
| <input type="checkbox"/> | Fall only       | _____       |
| <input type="checkbox"/> | Spring only     | _____       |
| <input type="checkbox"/> | Summer only     | _____       |

2. Please itemize below your additional budgetary needs, apart from the normal amount for tuition and fees. If you need more space, or to further explain your circumstance, please attach a separate sheet of paper (include your name and University I.D. on all sheets).

Budget Item	Monthly \$ Amount (where applicable)	Total \$ Amount (For entire period indicated in #1 above.)	Documentation*
Rent			Copy of signed lease
Food			Statement or receipt
Utilities/Phone			Copy of Bill
Transportation			Receipt
Books & Supplies			Syllabus or receipts
<b>Computer</b> (Note: only one purchase per degree)			Receipt/Copy of Bill
Other			Receipt/Copy of Bill
Other			Receipt/Copy of Bill
Other			Receipt/Copy of Bill

**\* Documentation must be provided for all claimed items.**

3. If your budget appeal is approved, it will not automatically increase your financial aid. If approved and your budget allows for additional loans, please indicate if you want NYU to suggest these loans and send a revised award letter to you (Federal loans will be suggested first, if you are eligible):

- YES, please suggest loans based on my new eligibility. (Note that you must apply for the additional loan. Instructions will accompany your financial aid award letter. If you do not want the suggested loan, you may disregard the application instructions.)
- NO, please adjust my budget, but do not suggest additional loans.

You confirm that all the information on this form is true and accurate to the best of your knowledge. The penalty for intentionally giving false information may include the forfeiture and return of any funds received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please complete this form and submit it **WITH THE APPROPRIATE DOCUMENTATION** to the address or fax number below. You may obtain your decision results by viewing your record on NYU Albert at [albert.nyu.edu](http://albert.nyu.edu)

Office of Financial Aid  
New York University  
25 West 4th Street  
New York, NY 10012-1119

Or by fax to 212-995-4661  
Please include your University I.D. number (UID) on all faxed pages.

**Note: Additional information may be requested at a later date.**