



2013-2014 Graduate/Law Student Personal Expense Budget Appeal Form

The Office of Financial Aid establishes the annual student expense budget for students in accordance with federal regulations (20 U.S.C. Sec. 1087II). Commonly accepted expenses such as tuition, fees books, supplies and a reasonable living allowance are included in the student expenses budget. This budget, less all resources available to the student (including scholarships and other financial aid awards), determines the maximum amount of educational loans available for the loan period.

Students may appeal, on an annual basis, to increase their student expense budget. An increase in the student expense budget will enable the student to borrow additional loan funds, subject to lender approval. Appeals to increase the student expense budget are commonly approved for additional funds to cover **reasonable** costs such as the purchase of a computer, printer, software, unusual medical or dental expenses and the support of other dependents.

Non-educational related costs that **will not** be considered for increasing the student expense budget include, but are not limited to: car payments, car maintenance, credit card balances or payments, other consumer loans or living costs during periods of non-enrollment, including expenses related to life before your enrollment or after your departure.

Instructions: Complete the form with the information requested below, including the monthly amount needed to cover personal expenses. **Incomplete forms may result in a delay in processing.** Submit the form with the required signatures to the Office of Financial Aid. **Please allow two to four weeks for your appeal to be reviewed.**

Name _____
 Student ID # _____ Social Security # _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Total amount of increase requested:

I am a: graduate student
 law student
 Enrollment Period(s): (check all that apply)
 Fall 2013
 Spring 2014
 Summer 2014
 Anticipated credit hours per term:
 FA _____ SPR _____ SUM _____

Section I: Itemized Monthly Budget (Attach appropriate documentation for each expense marked with *)

Monthly Expenses:		Monthly Resources:	
Category:	Amount:	Source:	Amount:
Rent/Mortgage*	_____	Student/Spouse Net Income (after taxes)	_____
Utilities	_____	Veterans Benefits	_____
Meals	_____	Unemployment Benefits	_____
Personal/Entertainment	_____	Child and/or Spousal Support	_____
Transportation (not including car payments)	_____	Graduate Assistantship	_____
Health Insurance*	_____	Employer Tuition Remission	_____
Computer Purchase*	_____	Other:	_____
Medical/Dental Expenses*	_____		
Other*:	_____		
Total Expenses (per month):	\$ _____	Total Resources (per month):	\$ _____

Section II: Household Certification Information

List the people that you (and your spouse) will financially support during the academic year; attach a separate sheet for additional space if necessary. Support includes money, gifts, loans, housing, food, clothes, medical and dental care, payment of college costs, etc. You should include:

- 1) yourself (and your spouse, if you have one),
- 2) your children (if you provide more than half their support) and
- 3) other individuals if they live with you *and* you will provide more than half of their support *and* will continue to provide more than half of their support during the current academic year.

Name:	Relationship to You:	Age:	College Grade Level During 2013-2014:
	Self		

Section III: Certification and Signature(s)

Certification: I (We) hereby affirm that all information reported on this form and any attachments hereto is true, complete and accurate to the best of my (our) knowledge. I (We) understand that if any federal student aid is received based on incorrect information, I (we) will have to pay it back. I (We) may also have to pay fines and/or penalty fees. I (we) also understand that additional documentation may be requested by the Office of Financial Aid.

Signatures: Student _____ Date _____
 Spouse _____ Date _____