

2016-2017 Undergraduate Appeal Form to Adjust Cost of Attendance

Student Name					LMU ID		
	our Cost of Attendance (COA may also allow you rd.		- ,			•	
A. Child Care	Expenses:						
documentation s provider of your	expenses during the accurate as a copy of a signer services. Documentation for the academic year.	ed enrollment contract on must include the na	with a famil me of the ch	y day care hoi ild, your nam	me or child	care center or	a letter from the
Total Expenses	you will pay during th	e 2016-2017 academ	ic year \$				
B. Psychothe	rapy Expenses:						
covers a portion	he academic year that a of your psychotherapy II be considered on this s.	costs, only include the	portion that	you must pay	out of poo	cket.' Only psy	chotherapy required
Total Expenses	you will pay during th	e 2016-2017 academ	ic year \$				
C. Technolog	v Expenses:						
Cost of Attendan	ce may be increased up ovide copies of receipts		nly , for the բ	ourchase of a c	computer, p	orinter or unive	rsity required software
Total Expenses	\$						
D. Medical/D	ental Expenses:						
•	d during the academic ntal expenses, only incl	•	•				•
Total Expenses	you will pay during th	e 2016-2017 academ	ic year \$				
E. Other Expe	nses: Attach expl	anation and appro	priate doc	umentation	l		
Total Expenses	\$						
F. Special Cou	ırse Expenses:						
	etermine your financial nesis expenses. See bel		•	low and returi	n to our offi	ice along with a	an itemized estimate o
Course Number		Semester/ Year		Total	Expense	\$	
Instructor's Nan	ne		Instructor'	s Signature			
Instructor's Can	npus Phone Number				Date		

NOTE TO INSTRUCTORS: Please do not sign this form if the budget submitted to you by the student includes costs for extraordinary/excessive expenses. The Financial Aid Office will confirm the appropriateness of this budget with you.

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Student Name		LMU ID								
LOAN ADJUSTMEN	T: If my appeal is approved, plea	ase increase my loan as indic	cated below.							
☐ I would like to rev	ise the principle amount of my		Loan from \$	to \$						
Check this box to indicate you would like to have your loans increased to the maximum allowable amount after your COA appeal has been processed. You can reduce your loan(s) by submitting a revision request form at least 15 days prior to the last day of classes.										
Signature:										
of my financial aid	umentation is true and correct and/or criminal charges. I ag aware that this appeal proces	gree to inform the Financ	nation can result in ial Aid Office of ar	n the revocation ny changes in this						
Student Signature:			Date:							

Mail: LMU Financial Aid Office

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753 Fax: 310.338.2793 Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express, Entourage etc.) -OR- save the file to your computer and attach the file using your web-based email (AOL, Yahoo, Gmail, etc.) and send it to finaid@lmu.edu. Documents must be signed before they can be accepted.