

# 2019-2020 Graduate Appeal Form to Adjust Cost of Attendance

Student Name

LMU ID

An increase to your Cost of Attendance (COA) may increase your eligibility to borrow additional Federal Direct or private loans. An increase to your COA may also allow you to receive outside scholarships or other resources for which you have applied in addition to your financial aid award.

## **A. Child Care Expenses:**

Up to \$8,991 for expenses during the academic year. Only expenses not paid by employer for which you can provide satisfactory documentation such as a copy of a signed enrollment contract with a family day care home or child care center or a letter from the provider of your services. Documentation must include the name of the child, your name, name of the child care provider, and anticipated costs for the academic year. Student must provide copies of receipts.

Total Expenses you will pay during the 2019-2020 academic year \$

## **B. Psychotherapy Expenses:**

The Marital & Family Therapy cost of attendance (COA) already includes an allowance of \$3,000 for psychotherapy expenses. Only include expenses in excess of \$3000. If you have health insurance that covers a portion of your psychotherapy costs, only include the portion that you must pay 'out of pocket.' Only psychotherapy required by your major will be considered on this form, any additional psychotherapy expenses require a medical appeal. Student must provide copies of receipts.

Total Expenses you will pay during the 2019-2020 academic year \$

## **C. Technology Expenses:**

Cost of Attendance may be increased up to \$1,500 **one time only**, for the purchase of a computer, printer or university required software. Student must provide copies of receipts.

Total Expenses \$

## **D. Medical/Dental Expenses:**

Expenses incurred during the academic year that are deemed medically necessary. If you have health insurance which covers a portion of your medical/dental expenses, only include the portion that you must pay 'out of pocket.' Student must provide copies of receipts.

Total Expenses you will pay during the 2019-2020 academic year \$

## **E. Other Expenses:** Attach explanation and appropriate documentation.

Total Expenses \$

## **F. Special Course Expenses:**

Can be used to determine your financial aid eligibility. Please complete below and return to our office along with an itemized estimate of your project or thesis expenses. See below for course maximums.

Course Number

Semester/Year

Total Expense \$

Instructor's Name

Instructor's Signature

Date

Instructor's Campus Phone Number

**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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**MBA CMS Program**

Students studying abroad in the MBA CMS Program may request a one-time, \$10,000 increase to their Cost of Attendance.

**School of Film & Television**

Students in the School of Film & Television may request a one-time increase to their Cost of Attendance for special projects. The maximum amount that a student may request has been determined by the School of Film & Television.

<b>PROD 300</b>	\$5,200	<b>PROD 550</b>	\$2,200
<b>PROD 350</b>	\$2,000	<b>PROD 600</b>	\$5,800
<b>PROD 400</b>	\$5,900	<b>PROD 650/670</b>	\$19,500
<b>PROD 450</b>	\$1,850	<b>SCWR 680/681</b>	\$19,500

**LOAN ADJUSTMENT: If my appeal is approved, please increase my loan as indicated below.**

I would like to revise the principal 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:**

I,  **certify that the information I have provided above and any**

supplemental documentation is true and correct. Reporting false information can result in the revocation of my financial aid and/or criminal charges. I agree to inform the Financial Aid Office of any changes in this information. I am aware that this appeal process to adjust my cost of attendance can take 5-7 business days.

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

Date

**How to Submit this Form:**

The Department of Education requires that documents containing personally identifiable information (PII) must be transmitted through secure means. This form cannot be submitted via email. You may mail or fax this form to the address or fax number listed to the left, or you may submit it as a PDF through our Secure Upload page available at [financialaid.lmu.edu/upload](http://financialaid.lmu.edu/upload)

**Phone: 310.338.2753**

**Fax: 310.338.2793**

**Mail:** LMU Financial Aid Office  
1 LMU Drive, Suite 270  
Los Angeles, CA 90045

For Office Use Only: RRAAREQ - APEAL at C or I Nolij - Appeal/Special Circumstance  FAO Staff Initial _____ Date: _____
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