



2020-2021 Appeal Form to Adjust Cost of Attendance

Please use black or blue ink while filling out this form.

Student Name

LMU ID

The cost of attendance (COA) for a student is an estimate of that student's educational expenses for the period of enrollment. The COA consists of direct expenses, e.g. tuition and fees and contracted university housing and meal plans, and allowances towards other expenses such as books and supplies and transportation. The COA is not meant to cover 100% of each student's actual expenses. Financial Aid Administrators are allowed to use professional judgement to increase the COA on a case by case basis for reasonable expenses that are not common to all students. Additional financial aid in the form of institutional grants or scholarships are typically not provided to meet approved additional expenses. 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 \$10,000 for expenses during the academic year (9 months). Only expenses that are paid out of pocket are considered. Satisfactory documentation must be provided 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. Student must provide copies of receipts for expenses already incurred during the academic year or documentation of past payments for child care. Child care provided by family members in home cannot be considered.

Care Provided by: _____

Address: _____

Phone: _____

	Children's Names	Age	Hours Care Provided	
Monday			From	To
Tuesday			From	To
Wednesday			From	To
Thursday			From	To
Friday			From	To

Weekly Amount Paid \$ _____ Monthly Amount Paid \$ _____

B. 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 invoice or receipt for purchase.

Purchased at _____

Total Expense \$ _____



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C. Disability Expenses:

Students with a disability may request to add reasonable expenses related to their disability to their cost of attendance that are not covered by health insurance or other agencies.

To receive this accommodation, students must apply with LMU Disability Support Services (DSS) Office and provide DSS written documentation that establishes a disability under the Americans with Disabilities Act (ADA) and California law. Visit academics.lmu.edu/dss/ for details on what is required.

Students must provide to the Financial Aid Office documentation of expenses that occur or will occur during the period of enrollment, such as receipts or invoices and a statement regarding percentage of costs covered by insurance or other agencies.

Expense Type	Amount Paid by Insurance or Other Agency	Out-of-Pocket Expense (academic year, monthly, weekly)
	\$	\$
	\$	\$
	\$	\$

D. Special Course Expenses:

The Financial Aid Office may determine additional aid eligibility for students in courses with additional expenses. 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 _____

Instructor's Campus 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 this budget with you.

E. Other Expenses:

For example an emergency car repair not covered by insurance or an emergency medical or dental expense not covered by insurance or other agency. Must occur during period of enrollment. Provide appropriate documentation.

Expense Type	Amount Paid by Insurance or Other Agency	Out-of-Pocket Expense (academic year, monthly, weekly)
	\$	\$
	\$	\$
	\$	\$



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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.

If you would like to increase your Parent PLUS loan, you must complete the Revision Request form.

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 up to 15 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

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

Phone: 310.338.2753
Fax: 310.338.2793

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