

## 2025-2026 Appeal Form to Adjust Cost of Attendance

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

		LMU ID			
consists of direct expenses, e such as books and supplies Aid Administrators are allow not common to all students	A) for a student is an estimate of that student's educational eag, tuition and fees and contracted university housing and meas and transportation. <b>The COA is not meant to cover 100%</b> ed to use professional judgment to increase the COA on a case. An increase to your Cost of Attendance (COA) may increase you to your COA may also allow you to receive outside scholarships award.	al plans, and of each so by case bar our eligibility	I allowances to tudent's actualsis for reason by to borrow ac	owards other expenses al expenses. Financial able expenses that are dditional Federal Direct	
documentation must be pro provide copies of receipts fo care. Dependent care provid	Expenses: during the academic year (9 months). Only expenses that are possible vided such as a copy of a signed enrollment contract with a cest expenses already incurred during the academic year or docusted by family members in an uncertified arrangement cannot be	rtified depe	ndent care proof past payme	ovider. Student must	
Care Provided by:					
Address:					
Phone:					
	Dependent Name(s)	Age	Hours Care Provided		
Monday		7.90	From	То	
			From	То	
Tuesday					
Tuesday Wednesday			From	То	
			From	To To	
Wednesday					
Wednesday Thursday Friday Weekly Amount Paid \$  B. Technology Expen Cost of Attendance may be in Student must provide copies	Monthly Amount Paid \$  ISES: Increased up to \$1,500 one-time only, for the purchase of a compof invoice or receipt for purchase.	puter, printe	From From	To To	



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Student Name		LMU ID
C. Disability Expenses:	reasonable expenses related to their disability	to their Cost of Attendance that are not
covered by health insurance or other agencies.		to their cost of Attendance that are not
	apply with LMU Disability Support Services (Dider the Americans with Disabilities Act (ADA) and	
	ocumentation of expenses that occur or will or ding percentage of costs covered by insurance	= :
Expense Type	Amount Paid by Insurance or Other Agency	Out-of-Pocket Expense (academic year, monthly, weekly)
	\$	\$
	\$	\$
	\$	\$
	id eligibility for students in courses with addit itemized estimate of your project or thesis	
the instructor.	Themized estimate of your project of thesis	expenses signed and dated by
Course Number	Semester/ Year Total Ex	pense \$
Instructor's Name		
Instructor's Campus Phone Number		Date
PLEASE NOTE: The amount considered w	ill be based on expenses based on ave	rage expenses for this course.
E. Other Expenses:		
	y car repair not covered by insurance or your o llowance towards medical or dental expenses ent. Provide appropriate documentation.	
Expense Type	Amount Paid by Insurance or Other Agency	Out-of-Pocket Expense (academic year monthly, weekly)
	- ·	† · · · · · · · · · · · · · · · · · · ·

Expense Type	Amount raid by insurance or Other Agency	monthly, weekly)			
	\$	\$			
	\$	\$			
	\$	\$			



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Student Name			LMU ID							
	MENT: If my appeal is appropriately in the second s	oved, please increase my loan as	s indicated	be	elow.		to\$			7
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 separate Parent PLUS Revision Request form.										
financial aid and	or criminal charges. Tagree to	certify that the information I ect. Reporting false information can o inform the Financial Aid Office of a y cost of attendance can take up to 1	result in the ny changes i	re n t	voca this in	tion	of my	/		
Student Signatu	re	Date:								

**Print Form** 

Mail: LMU Financial Aid

1 LMU Drive, Suite 270 Los Angeles, CA 90045

Phone: 310.338.2753 Fax: 310.338.2793

## 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

For Office Use Only: RRAAREQ - APEAL at C or I Etrieve - Appeal Letter

FAO Staff Initial\_\_\_\_\_\_
Date: