

2024-2025 Law School Financial Aid Revision Request and Cost of Attendance Appeal Form

Studo	nt Namos			ID:			
Student Name:							
	e requesting to make changes to e requesting an allowable increa						
<u>Section</u>	A: Request to revise loans	and work-study awar	<u>ds</u>				
	REVISIONS: Maximum Direct Uexceed your cost of attendance (mic year. Max	imum Direct Gradua	te Plus Ioan or private lo	an
☐ Pleas	se increase/decrease my Direct U	Insubsidized loan	from	\$	to \$		
☐ Pleas	se increase/decrease my Direct G	iraduate PLUS Ioan	from	\$	to \$		
WORK S	STUDY REVISIONS: Maximu	m Federal work study for I	Fall/Spring is	\$4,000. First y	ear JD students are r	not eligible for work stud	y.
☐ Pleas	se increase/decrease my federal	work study award	from	s	t	o \$	
	n B: Cost of Attendance (CO) ic year and to the four categories		ments to the (COA are limite	ed to expenses incur	red by the student in the	current
	OLOGY EXPENSES: up to \$2, must be provided, and purchase			a computer, p	rinter, and LLS requi	red software.	
O Plea	ase increase my loan by the indi	cated amount to cover ted	chnology exp	enses \$			
of a sign membe Legal de 1. They li their sup	8,991 for expenses during the acc red enrollment contract with a ce rs in an uncertified arrangeme ependents include children or ot ive with the student 2. They curr oport from the student between aship and documentation must l	ertified dependent care pr nt cannot be considered her people (except a spou ently receive more than h July 1, 2024, and June 30,	ovider and co I. use) who mee alf of their su	opies of paym et all the follow pport from th	ent receipts. Depend ving criteria: e student. 3. They w	dent care provided by f	family ore than half o
C Tot	al expenses you will pay during	the 2024-2025 academic y	year \$				
Award m	NG CHANGES: up to \$11,557 properties and the pro-rated if housing chan ase increase my loan by the indi	ge occurs after August 1 ,	,2024.		financial aid award w	vas based on you living v	vith relatives.
			-		7	16 1 111:	1.1
	II/Dental Expenses: Expenses portion of your medical/dental						
Total ex	penses you will pay during the 2	024-2025 academic year	\$				
ENROL	LMENT CHANGES: Graduation	n term update and unit er	nrollment cha	nges. If gradu	lating in the fall, indi	cate zero units for spring	 .
□ lam	adjusting my units, please incre	ase my COA and loans for		units Fall 2	2024	units Spring 2025	
criminal c take 5-7 b	nat the information I have provided a charges. I agree to inform the LMU Fi business days. Loan and work revisio s a result of your appeal.	nancial Aid Office of any char	nges in this info	ormation. I am a	ware that the appeal p	rocess to adjust my cost of	attendance can
Studen	t Signature				Data		
		Ho	w to Submi	t this Form:	Date:		
Phone: Fax: Mail:	310.338.2753 310.338.2793 LMU Financial Aid Office 1 LMU Drive, Suite 270 Los Angeles, CA 90045	The Department of Edu personally identifiable secure means. This forr mail or fax this form to you may submit it as a available at financialai	information (Post cannot be sure the address or PDF through o	II) must be tran bmitted via em fax number list ur Secure Uplo	smitted through nail. You may ned to the left, or	For Office Use Only: RRAAREQ - REVREQ at C Etrieve - Revision Reque FAO Staff Initial Date:	