



2024-2025 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. Dependent Care Expenses:

Up to \$8,991 for expenses during the academic year. Only expenses paid out of pocket are considered. Documentation must be provided such as a copy of a signed enrollment contract with a certified dependent care provider and copies of payment receipts. **Dependent care provided by family members in an uncertified arrangement cannot be considered.**

Legal dependents include children or other people (except a spouse) who meet all the following criteria:

1. They live with the student
2. They currently receive more than half of their support from the student.
3. They will continue to receive more than half of their support from the student between July 1, 2024, and June 30, 2025
4. Legal dependents mean either biological child, or child under court guardianship and documentation must be provided.

Total Expenses you will pay during the 2024-2025 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 2024-2025 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 2024-2025 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

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 the appropriateness of this budget with you.

2024-2025 Graduate Appeal Form to Adjust Cost of Attendance

Student Name

LMU ID

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.

Please note that PROD 650 & 670 and SCWR 680 & 681 are continuation courses from Fall to Spring and you may only borrow a one time amount of \$19,500 for the academic year, not per course.

PROD 300 or 390	\$5,200	PROD 550	\$2,200
PROD 350	\$2,000	PROD 600	\$6,000
PROD 400 or 490	\$6,000	PROD 650 & 670 (combined)	\$19,500
PROD 450	\$1,850	SCWR 680 & 681(combined)	\$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

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 Etrieve - Appeal/Special Circumstance FAO Staff Initial _____ Date: _____
--