



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

**Student Name:**  **ID:** \_\_\_\_\_

If you are requesting to make changes to your existing Financial Aid package - Complete **SECTION A**  
If you are requesting an allowable increase to the standard Cost of Attendance - Complete **SECTION B**

**Section A: Request to revise loans and work-study awards**

**LOAN REVISIONS:** Maximum Direct Unsubsidized loan is \$20,500 per academic year. Maximum Direct Graduate Plus loan or private loan cannot exceed your cost of attendance (COA) minus aid already awarded.

Please increase/decrease my Direct Unsubsidized loan from \$  to \$

Please increase/decrease my Direct Graduate PLUS loan from \$  to \$

**WORK STUDY REVISIONS:** Maximum Federal work study for Fall/Spring is \$4,000. First year JD students are not eligible for work study.

Please increase/decrease my federal work study award from \$  to \$

**Section B: Cost of Attendance (COA) Adjustments** Adjustments to the COA are limited to expenses incurred by the student in the current academic year and to the four categories below:

**TECHNOLOGY EXPENSES:** up to \$2,500 one-time only for the purchase of a computer, printer, and LLS required software. Receipt must be provided, and purchase must be made **after August 1, 2024**.

Please increase my loan by the indicated amount to cover technology expenses \$

**CHILD CARE EXPENSES:** up to \$ 8,991 unreimbursed expenses will be considered for the academic year. Documentation such as a contract with a child care provider/facility with the child's name, your name and total costs.

Please increase my loan by the indicated amount to cover my child care expenses \$

**HOUSING CHANGES:** up to \$11,557 per academic year will be considered if your original financial aid award was based on you living with relatives. Award may be pro-rated if housing change occurs **after August 1, 2024**.

Please increase my loan by the indicated amount to cover off campus living expenses \$

**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** \$

**ENROLLMENT CHANGES:** Graduation term update and unit enrollment changes. If graduating in the fall, indicate zero units for spring.

I am adjusting my units, please increase my COA and loans for  **units Fall 2024**  **units Spring 2025**

I certify that the information I have provided above is true and correct. I am aware that providing false information can result in the revocation of my financial aid and/or criminal charges. I agree to inform the LMU Financial Aid Office of any changes in this information. I am aware that the appeal process to adjust my cost of attendance can take 5-7 business days. Loan and work revisions take 5-7 business days to process. Please continue to monitor your PROWL account for additional missing requirements posted as a result of your appeal.

**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 - REVREQ at C & R  
Etrieve - Revision Request

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