2019-2020 COST OF ATTENDANCE INCREASE APPEAL

Student ID Number: __________________________
Last Name: ____________________________ First Name: ______________________________ Middle Initial: _____

Deadlines and Timeframes to File an Appeal

• September 23, 2019 to March 13, 2020 – if you are attending Fall 2019 and Spring 2020 terms
• November 8, 2019 – if you are attending Fall 2019 term only
• Appeals may take up to 9 weeks to process

Students may file an appeal for an increase to their cost of attendance for high out-of-pocket expenses listed below. You must have remaining aid eligibility, based on annual loan and grant limits, to use this form. In most cases, approval for increase to Cost of Attendance will result in possible increased loan eligibility only.

☐ My parents have incurred unusually high out-of-pocket/unreimbursed medical/dental expenses in calendar year 2019 totaling $________. (You must attach documentation of all unreimbursed medical expenses such as paid receipts, copies of canceled checks, or a statement from the medical provider indicating the amount the patient has paid out of pocket)

☐ My parents have incurred elementary or secondary school tuition expenses for their legal dependents in calendar year 2019 totaling $_________. (You must attach documentation of all tuition expenses paid, such as receipts, canceled checks, or a letterhead statement from the school indicating the amount paid)

☐ I have incurred unusually high out-of-pocket/unreimbursed medical/dental expenses in calendar year 2019 totaling $_________. (You must attach documentation of all unreimbursed medical expenses such as paid receipts, copies of canceled checks, or a statement from the medical provider indicating the amount paid out of pocket)

☐ I have incurred elementary or secondary school tuition expenses for my legal dependents in calendar year 2019 totaling $_________. (You must attach documentation of all tuition expenses paid, such as paid receipts, canceled checks, or a letterhead statement from the school indicating the amount paid)

☐ I have incurred high transportation expenses because of my long distance commute to CSUN. (Your home address must match your address on record with CSUN and your commute must be at least 25 miles one way. You must attach a printout of MapQuest documenting your mileage)

☐ I am requesting a one-time allowable computer purchase increase to my cost of attendance of up to $1500. I understand that if approved, an increase for a computer purchase can only be requested once during my entire CSUN academic career. (You must submit an estimate of a computer cost or a receipt for the computer purchase made)

☐ My major requires additional expenses (other than books) during 2019-2020 academic year. (You must attach a signed statement listing the expense items and their cost and include documentation from your department indicating expenses are required for Fall 2019 and/or Spring 2020)
CERTIFICATION
“I certify that the information contained in this appeal and any supporting documentation or statements are true and complete to the best of my knowledge. I will provide additional information as requested by the Financial Aid & Scholarship Department. I understand any false information will because for the denial, reduction, and/or repayment of student financial aid and I may be subject to a fine, imprisonment, or both under the provisions of the U. S. Criminal Code.”

Student’s Signature: ___________________________ Date: ________________
*Parent(s) signature: ___________________________ Date: ________________
*Parental signature is required only if the high out of pocket expense was incurred by parent(s). Only one parent is required to sign.

Return this form and all attachments/documentation to the CSUN Financial Aid & Scholarship Department.