

Student Name: _____ **Banner ID:** _____**Adjustments to the Student Cost of Attendance (COA)**

Financial aid eligibility is initially determined using an estimated, standard cost of attendance budget. If your individual financial needs are not met, you may use this appeal form to request an increase to your financial aid cost of attendance.

We may not approve every expense you request. Federal regulations prohibit the inclusion of certain lifestyle-related expenses, such as gym memberships and car payments. Allowable school-related expenses are defined in the grid below. Other expenses should be explained in the area provided.

Attach documentation as described. Explain exceptions in the area provided.

	<u>MONTHLY INCREASE REQUESTED</u>
Medical and Dental Expenses: (\$5,000 maximum per year for expenses paid out-of-pocket and will not be reimbursed) <ul style="list-style-type: none">▪ Copies of receipts for medical and dental procedures and proof of payments you have made or,▪ Copies of medical and/or dental bills that you estimate to pay, and once treatment received, then copies of receipts for medical and dental procedures and proof of payments you have made	
One-Time Computer Purchase: (\$2,000 maximum increase while in graduate school) <ul style="list-style-type: none">▪ Copy of receipt for computer purchase▪ Proof of payment	
Car Repairs: (\$2,000 maximum increase for the academic year) <ul style="list-style-type: none">▪ Itemized invoice of work completed▪ Proof of payment	
Housing Expense: <ul style="list-style-type: none">▪ Signed copy of current rental agreement	
Food and Utility Expense: <ul style="list-style-type: none">▪ Copy of receipt or monthly bill	
Dependent Childcare: <ul style="list-style-type: none">▪ Copy of receipts that show monthly expenses▪ Proof of monthly payment	

Please provide information which may help us understand your financing needs. If you cannot provide requested documentation, please explain here.

STUDENT SIGNATURE_____
DATE

Please email completed form and documentation to gs_financial_aid@brown.edu

Office of Financial Aid ~ Box 1827 69 Brown Street ~ Providence RI 02912
phone: 401-863-2721 ~ email: gs_financial_aid@brown.edu