



BUDGET APPEALS FORM 2022-2023

			Student ID
Please Print: Last Name	First Name	Middle Initial	Social Security Number
(Local) Street Address or P. O. Box			
City	State	Zip Code	Phone Number

Use this form to request a review of your financial aid budget due to special circumstances. **Changes resulting from this review do not guarantee an increase in aid.** You must complete this form and provide all requested documentation. If required documentation is not attached or items are missing or left blank, this form will be returned to you unprocessed. **Be sure to include an amount in the "Effective Amount" column.**

REASON FOR BUDGET REVISION

Check all boxes that apply - include effective amounts and attach appropriate documentation. Below are circumstances which might be included, but are not limited to:

Check Boxes	Budget Category (in excess of standard budget)	Reason for Budget Revision	Effective Amount	Documentation Required
<input type="checkbox"/>	Books and Supplies	Purchase of Computer, Printer or Software One-time purchase per item	\$	* Copy of receipts/cancelled checks.
<input type="checkbox"/>	Tuition & Fees	Special Program of Study Expenses	\$	<ul style="list-style-type: none"> Departmental letter indicating that courses are a requirement.
<input type="checkbox"/>	Transportation	Required Field Trip	\$	<ul style="list-style-type: none"> Departmental letter indicating typical costs and that trip is a class requirement.
<input type="checkbox"/>	Books and Supplies	Other Purchases; list type:	\$	<ul style="list-style-type: none"> Appropriate documentation to explain the situation and copy of receipts/cancelled checks.
<input type="checkbox"/>	Personal/Miscellaneous	Other Expenses; list type:	\$	<ul style="list-style-type: none"> Appropriate documentation to explain the situation and copy of receipts/cancelled checks.

Classification: Graduate Undergraduate
Housing Status: On-campus Off-campus Living-with-parent(s)
Term: Fall Spring Summer

I certify that all the information provided on this form is complete and correct to the best of my knowledge.

Student's Signature	Date
---------------------	------

* You may be required to include a copy of the receipts or cancelled checks for the purchase of items before the budget appeal can be completed.

Return completed form along with documentation to:

Coppin State University
Office of Financial Aid
2500 W. North Ave
Baltimore, MD 21216
(410) 951-2551 (Fax)

OFFICE USE ONLY:

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Signature	Date	