

## Cost of Attendance Appeal

Part 1 – Student Info	<u>rmation</u>			
Student Name:			ID#:	
Email Address:			Phone:	
Marital Status:	Single Marrie	ed/Remarried Sep	parated	Divorced/ Widowed
Part 2 – Cost of Atter Check the appropriate		d like to submit this appeal t	for Cost of At	ttendance.
Semester:	Fall, 2023	Winter, 2024	☐ S	pring, 2024
<ul> <li>website: <a href="https://https/https://https/ https://https/ You are not recost of attend">https://h</a></li></ul>	eting this form, please s://financialaid.byuh.e equired to complete the ance.	e review the Cost of Attendanded under the Cost-of-attendance ne COA Appeal Request Forest be supported by appropring will not be considered.	m if your exp	penses do not exceed your
Attach a copy of lea	Room and Board ase/mortgage stateme ce standard for your c	ents, utility and food/groce cost of attendance.	ry receipts. E	Expenses must <u>exceed</u>
Attach a copy of re attendance. Ineligi		t <u>exceed</u> your living allowar purchase of car, auto loan p		-
Attach a copy of re	ceipts for the purchas	e of a personal computer, I e from the place of purchas		
		Education Related Expense llaneous purchases along w		on of expense.

## Part 3 – Support Documentation

Appeal request exceptions to the BYUH cost of attendance policy require the following:

- 1. Appeal Form
- 2. Copy of your current academic plan.
- 3. Written explanation of circumstances and purpose of request.

## Part 4 - Certification

This is a true and accurate reflection of my additional expenses for my cost of attendance at Brigham Young University—Hawaii. I understand that I may be required to provide additional information and documentation as necessary. My signature below affirms that the information provided above and the supportive documentation are true and accurate to the best of my knowledge. I understand that providing false information can result in the cancellation of financial aid. I understand that approval of the request for additional COA funds does not guarantee receipt of additional loan proceeds.

Student Signature:	Date:	Date:		
FA Counselor:	Date:			
Committee Review Date:	Decision:	Conditional Approval	Approved	Denied
Signature:	Signature:	Signat	ture:	
Signature:	Signature:	Signat	ture:	
Final Review:		Date:		