

COST OF ATTENDANCE APPEAL

Academic Year 2026-2027

DIRECTIONS — If you have unusual expenses that have not been considered in your standard cost of attendance (COA), you may submit this form to have your budget reviewed and your financial aid eligibility re-evaluated. **This appeal does not guarantee you will receive more aid.**

Submit the completed form with the required documentation. You will be notified of the appeal decision via your university student email.

Return form to:
Office of Financial Aid, Old Main 250
Email: finaid@stmartin.edu
Phone: (360) 688-2150
Upload via Secure File Upload:



PART A. Student information		
Name (last, first, middle initial)	Student ID# 000	Phone (including area code)
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		
PART B. Basis for appeal and supporting documentation		
<p>Check all that applies to you and attach the required documentation listed below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tuition and Fees*: No documentation required. <input type="checkbox"/> University-sponsored health charges*: No documentation required. <input type="checkbox"/> Housing and Food: Explain in Part C the circumstances that cause your housing and food costs to be higher than those in our standard budget. Acceptable documentation includes, but is not limited to, a lease, letter from landlord, or cancelled checks. Maximum adjustment is \$1,000/academic year. <input type="checkbox"/> Books and Supplies: Submit copy of itemized receipt(s) if required book/supply purchase exceeds \$500 per semester. <input type="checkbox"/> Computer/Technology Purchase: Itemized receipt of computer or tablet; maximum adjustment is \$1500. <u>Only one adjustment for computer purchase per academic career.</u> <input type="checkbox"/> Transportation: Explain in Part C the address that you commute from and provide receipts of gas or airline tickets. Cost of gas or airline tickets must exceed \$2,000. <input type="checkbox"/> Licensure/Certification Allowance: The one-time direct cost of obtaining this for students enrolled in a program that requires professional licensure or certification. For example, fees charged to take licensing exam or costs to apply for license certification. Costs must be incurred during (not after) a period of enrollment. Attach receipt. <input type="checkbox"/> Child Care: In Part C, provide the name(s) of child(ren); age(s); relationship of child to student; name of provider; monthly costs of care. Attach documentation of payment to childcare providers. <input type="checkbox"/> Other: Include a description of your circumstance in Part C and enclose supporting documentation. <p>*Actual tuition and fees and any health charges will be verified on your student billing statement.</p>		
PART C. Personal statement		
<p>Attach a detailed description for your request to review your cost of attendance.</p>		
PART D. Certification		
<p>You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered.</p>		
Student Signature	Date	
X		

Office of Financial Aid Use Only:
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Processed by: _____
Global Comments in PFAIDS: _____