

COST OF ATTENDANCE APPEAL

Academic Year 2022-2023

DIRECTIONS—If you have unusual expenses that are not taken into account in your standard budget, you may submit this form to have your budget reviewed and your financial aid eligibility re-evaluated. Submit the completed form with the required documentation to the Student Financial Services Office. You will be notified of the appeal decision within 15 working days via your University student e-mail account.

Return this form

By mail to:
Student Financial Services
Saint Martin's University
5000 Abbey Way SE
Lacey, WA 98503

Phone: (360) 438-4397
Fax: (360) 412-6190

| PART A. Student information | | |
|---|-------------|---------------------------|
| Name (last, first, middle initial) | Student ID# | Phone (include 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, actual tuition and fees will be verified in your University Student Account. <input type="checkbox"/> University sponsored health benefit - No documentation required, actual charges will be verified in your University Student Account. <input type="checkbox"/> Room and Board – Explain in part C below the circumstances that cause your room and board costs to be higher than those in our standard budget. Acceptable documentation includes (but is not limited to): 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 term. <input type="checkbox"/> Computer Purchase – Itemized receipt or estimated costs documentation; maximum adjustment is \$1500. Only one adjustment for computer purchase per academic career. <input type="checkbox"/> Transportation – Please provide the address for which you are commuting from in part C below. <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 below, please provide the: name of child(ren); age; relationship of child to student; name of provider; monthly costs of care. Additionally, please attach documentation of payment to child care provider. <input type="checkbox"/> Other – Include a description of your circumstance in section C and enclose supporting documentation. | | |
| PART C. Personal statement | | |
| <p>Please briefly describe your reasons for requesting a review of your budget. Attach a separate page, if necessary.</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 | |