



## COST OF ATTENDANCE APPEAL

**DIRECTIONS**—If you have unusual expenses that have not been 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. You will be notified of the appeal decision via your University student e-mail account.*

**Academic Year 2024-2025**

**Return this form to:** Office of  
Financial Aid – Old Main 250

**Email:** [Finaid@stmartin.edu](mailto:Finaid@stmartin.edu)

**Phone:** (360) 688-2150

**Upload via Secure Drop Box:**



PART A. Student information		
Name (last, first, middle initial)	Student ID# 000	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		
<b>Check all that applies to you and attach the required documentation listed below:</b>		
<input type="checkbox"/> <b>Tuition and Fees</b> – No documentation required, actual tuition and fees will be verified in your University Student Account.		
<input type="checkbox"/> <b>University sponsored health benefit</b> - No documentation required, actual charges will be verified in your University Student Account.		
<input type="checkbox"/> <b>Room and Board</b> – 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"/> <b>Books and Supplies</b> – Submit copy of itemized receipt(s) if required book/supply purchase exceeds \$500 per term.		
<input type="checkbox"/> <b>Computer Purchase</b> – Itemized receipt or estimated costs documentation; maximum adjustment is \$1500. Only one adjustment for computer purchase per academic career.		
<input type="checkbox"/> <b>Transportation</b> – Explain in part C below the address that you are commuting from and provide receipts of gas or airline ticket. Cost of gas or airline ticket must exceed \$2,000.		
<input type="checkbox"/> <b>Licensure/Certification Allowance</b> - 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"/> <b>Child Care</b> – 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"/> <b>Other</b> – Include a description of your circumstance in section C and enclose supporting documentation.		
PART C. Personal statement		
Please attach a detailed description for your reasons of requesting a review of your budget.		
PART D. Certification		
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.		
Student signature		Date

Office of Financial Aid Use Only:

Scanned to Jbod: \_\_\_\_\_

Processed by: \_\_\_\_\_

Global Comments in PFAIDS: \_\_\_\_\_