2023-2024
Appeal to Adjust the Cost of Attendance

Student ID #: __________________________________________________________ Email: __________________________________________________________

Student's

Full Legal Name: ____________________________________________ (Please print clearly)

Last __________ First __________ Middle __________

Current Status: ☐ New Student ☐ Transfer ☐ Continuing

Graduation Date: __________ / __________

Important Notes:

▪ Review Cost of Attendance (COA) figures on the Hokie SPA prior to submitting an appeal to determine if your expenses exceed our cost of attendance amounts. Once in the SPA, choose Financial Aid Information/My Award Information/Award Package by Aid Year for 2023-24. The COA figures are under the "Award Overview" tab.

▪ Approval of appeal does not guarantee additional aid.

▪ The COA covers the 9 months in the academic year.

▪ Allow two weeks for processing complete appeal.

Required for all appeals:

✔ This signed coversheet

✔ Documentation supporting the type of appeal(s) listed below

Please check the item(s) listed below that you wish to appeal and attach the required documentation.

<table>
<thead>
<tr>
<th>REASON FOR APPEAL</th>
<th>DOCUMENTATION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1. Books, course materials, supplies, and equipment</td>
<td>☐ Copies of receipts for required books, supplies, and equipment</td>
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<tr>
<td>☐ 2. Personal expenses (including cellphone) Credit cards will not be considered.</td>
<td>☐ Copy of phone bill, or other personal expenses.</td>
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</tbody>
</table>
| ☐ 3. Living expenses                               | ☐ Housing- Copy of lease/mortgage (first 3 pages), cable/internet, and utility bills. We automatically use an average of $802 per month for housing.  
☐ Food – We use an average of $596 per month. Receipts required for consideration of higher amount. |
| ☐ 4. Transportation expenses exceed current COA     | ☐ Travel between campuses, residences, and place of work.  
*Car payments are not considered* |
| ☐ 5. Computer Expense  
*Printer or accessories will not be considered* | ☐ Documentation of the computer cost. |
| ☐ 6. Dependent care expenses                        | ☐ Invoice or letter on letterhead from the child/adult care provider stating the total cost of care and age for each dependent included on the FAFSA. |
| ☐ 7. Other: _____________________________________ | ☐ Documentation of other expenses you would like considered. |

Other categories may include the price of a license, certification, or first credential; and disability-related expenses.

If I purposely give false or misleading information, I may receive a fine, a prison sentence, or both. By signing this form, I certify that all information is complete and correct.

Student's Signature __________________________________________ Date ______________________

Electronic signatures are not allowed.

(Please Note: We suggest using our secure document uploader or fax as a more secure method of delivery. Virginia Tech does not open email attachments.)

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