

2025-2026
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 2025-26. 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.

	REASON FOR APPEAL	DOCUMENTATION REQUIRED
<input type="checkbox"/> 1.	Books, course materials, supplies, and equipment	<input type="checkbox"/> Copies of receipts for required books, supplies, and equipment
<input type="checkbox"/> 2.	Personal expenses (including cellphone) <i>Credit cards will not be considered.</i>	<input type="checkbox"/> Copy of phone bill, or other personal expenses.
<input type="checkbox"/> 3.	Living expenses Or Change of housing to off-campus	<input type="checkbox"/> Housing- Copy of lease/mortgage (first 3 pages), cable/internet, and utility bills. We automatically use an average of \$1034 per month. <input type="checkbox"/> Food – We use an average of \$364 per month. Receipts required for consideration of higher amount. <input type="checkbox"/> Copy of lease (first three pages), for changing to off-campus.
<input type="checkbox"/> 4.	Transportation expenses exceed current COA	<input type="checkbox"/> Travel between campuses, residences, and place of work. * Car payments are not considered*
<input type="checkbox"/> 5.	Computer Expense <i>Printer or accessories will not be considered</i>	<input type="checkbox"/> Receipt from purchase of the computer.
<input type="checkbox"/> 6.	Dependent care expenses	<input type="checkbox"/> 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.
<input type="checkbox"/> 7.	Other: _____	<input type="checkbox"/> 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.