



University of Massachusetts Amherst
Financial Aid Services
 Academic Year 2023-2024
 Fax: 413-545-1700
 Phone: 413-545-0801

Summer 2024

Appeal for Cost of Attendance Increase

Name: _____

UMass SPIRE ID: _____

A. Appeal Information:

Complete this form to request an increase to your summer 2024 cost of attendance for educationally- related expenses. If your cost of attendance is increased AND you have additional federal loan eligibility, we will increase your loans. If you have NO remaining federal loan eligibility, you will need to apply for an alternative loan. This appeal will NOT make you eligible for additional grant or scholarship funds.

B. Reasons for Appeal:

√ Check all that apply

√ Check Documentation to include with appeal

<input type="checkbox"/> Dependent care expenses	<input type="checkbox"/> Letter from the dependent care provider that includes the agreement for fees and hours.
<input type="checkbox"/> Educational Related Expenses/or internship	<input type="checkbox"/> Submit receipt or printed estimate for professional licensure or certification. For internships, submit a letter from your professor or acceptance to the internship, outline of costs such as transportation and clothing (clothing items must be required to participate in internship).
<input type="checkbox"/> Monthly living expenses	<input type="checkbox"/> Copies of your lease AND monthly utility bills. These costs must exceed the standard summer housing allowance of \$3,000 for undergraduates and \$4,250 for graduates already included in the cost of attendance.
<input type="checkbox"/> Transportation expenses	<input type="checkbox"/> Mileage printout (ex: MapQuest, Google Maps, etc.), letter stating frequency of travel, destination and reason for travel. May include travel for work, to/from campus, internships, etc.

Please submit completed form with supporting documentation to Financial Aid Services no later than **July 31, 2024**

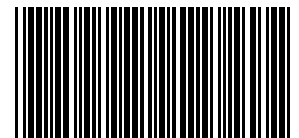
C. Signature and Certification:

I certify that the information submitted for this appeal is true and complete to the best of my knowledge. I agree to provide all supporting documentation required. I understand that failure to comply may result in the cancellation of this appeal. I further understand that if I have provided information in previous appeals, this may be reviewed for accuracy and it may impact the outcome of this and any future appeal.

*** Please do not disregard your university bill due date while waiting for the appeal decision. ***

Student Signature: _____ Date: _____

Fax completed form to: **413-545-1700** or
 Secure Document Upload at: umass.edu/financialaid/upload



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