

2021-2022 Appeal for Cost of Attendance Increase

Name: (Last, First, MI) _____ UMass SPIRE ID: _____

Email: _____ Telephone Number: () _____

A. Appeal Information:

Complete this form to request an increase to your cost of attendance for education 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	Office use only
<input type="checkbox"/> Dependent care expenses	<input type="checkbox"/> Letter from the dependent care provider that includes the agreement for fees and hours.	FAPDEP
<input type="checkbox"/> Expenses related to an internship	<input type="checkbox"/> Letter from your professor or acceptance to the internship, outline of costs, such as transportation and clothing (clothing items must be needed to participate in the required internship).	FAPINT
<input type="checkbox"/> Monthly living expenses	<input type="checkbox"/> Copies of your lease AND monthly utility bills. These costs must exceed the standard room allowance of \$3,731 per term already included in the cost of attendance.	FAPBUD
<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.	FAPTRV

Please submit completed form with supporting documentation to Financial Aid Services, 243 Whitmore Administration Building, no later than:

* **November 1, 2021 - if you are graduating in the fall 2021.**

* **April 1, 2022 - if you are graduating in the spring 2022.**

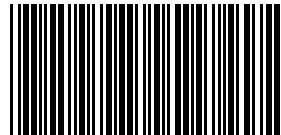
C. Signature and Certification:

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 or any future appeal.

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

Student Signature: _____ Date: _____

Fax completed signed form to: 413-545-1700
or secure upload form at: umass.edu/financialaid/upload.
(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)



FAPLON