



University of Massachusetts Amherst
Financial Aid Services
Academic Year 2024-2025
Fax: 413-545-1700
Phone: 413-545-0801

Appeal for Cost of Attendance Increase

Name: _____

UMass SPIRE ID: _____

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.**

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

B. Reasons for Appeal:

✓ Check all that apply	✓ Check Documentation to include with appeal	Office use only
<input type="checkbox"/> Books and Supplies	<input type="checkbox"/> Submit receipt or printed estimate from vendor. Expenses must exceed \$600 per semester for undergraduate full-time students, or \$300 for graduate students enrolled in 6 credits.	FAPBES
<input type="checkbox"/> Computer/Computer Equipment	<input type="checkbox"/> Submit receipt or printed estimate from vendor. Cost cannot exceed \$3,000. • Purchase of entertainment hardware, software or game consoles such as PSP, Nintendo Switch, Genesis and Xbox will not be considered. Financial Aid Services will allow computer appeals once every 3 years. •	FAPCES
<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"/> Disability Related Expenses	<input type="checkbox"/> Submit receipts or printed estimates for expenses incurred related to your disability not provided for by other agencies.	FAPDIS
<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).	FAPINT
<input type="checkbox"/> Monthly living expenses	<input type="checkbox"/> Copies of your lease AND monthly utility bills. These costs must exceed the standard housing allowance already included in the cost of attendance. Please review the estimated undergraduate and graduate housing allowance costs information on our website.	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. May include travel for work, to/from campus, internships, etc.	FAPTRV

Please submit completed form with supporting documentation to Financial Aid Services no later than:

*** November 1, 2024 - if your appeal is for the fall 2024**

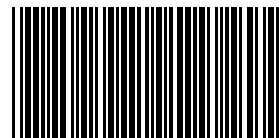
*** April 4, 2025 - if your appeal is for the spring 2025 semester.**

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.

Student Signature: _____ Date: _____

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



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