

2017-2018 Cost of Attendance Budget Adjustment Appeal

Student Name	ID #
---------------------	-------------

Please complete form in blue or black ink. Incomplete forms will not be accepted

APPEALS MUST BE SUBMITTED BY THE SEMESTER MID-POINT.

If you are experiencing educational expenses beyond your Cost of Attendance Budget for the year, you can request a review of your costs by completing only the items that pertain to you. See your annual Cost of Attendance Budget on your Anchor Access account (mylssu.edu).

Indicate which semester(s) you plan to attend during the 2017-2018 academic period by filling in the number of credits for which you are registered or plan to register each semester.

FALL 2017 # of credits _____ **SPRING 2018 # of credits** _____

REASON(S) FOR THE APPEAL

Please check all that apply:

Documentation Required:

<input type="checkbox"/> TUITION and/or FEES: Average Cost of Attendance budget is based on 12-17 credits per semester with average fees of \$180.	<ul style="list-style-type: none"> * You have registered and or plan to register for more than 17 LSSU credits per semester. * Your fees are more than \$180 per semester.
<input type="checkbox"/> EQUIPMENT OR SUPPLIES FOR CLASSES	<ul style="list-style-type: none"> * Submit a copy of your course syllabus or list of required supplies. * Submit copy of your receipt(s).
<input type="checkbox"/> COMPUTER PURCHASE: Request limited to \$1000 or less.	<ul style="list-style-type: none"> * Statement explaining why the purchase of a computer is necessary. * Submit copy of your receipt or quote.
<input type="checkbox"/> EXCESSIVE TEXTBOOK COSTS: Average Cost of Attendance budget for books is \$550 per semester	<ul style="list-style-type: none"> * Submit copy of your schedule and print off of required textbooks. * Submit copy of your receipt(s).
<input type="checkbox"/> CHILD CARE: Costs related to LSSU attendance. Requests limited to \$110/week Ages of Children _____ Will you receive reimbursement from a social services agency or other source? NO _____ YES _____ \$ _____	Name of Daycare Provider _____ Provider's Address _____ _____ _____ Weekly rate for full time daycare? \$ _____
<input type="checkbox"/> EXCESSIVE TRAVEL REQUIRED: Average Cost of Attendance budget for travel is 100 miles per week, calculated at 20 miles per gallon.	<ul style="list-style-type: none"> * Statement of reason for excessive travel. * Approximate mileage to be driven per week.

SIGNATURE - Required

I affirm that the information on this form and the attached documentation is correct and complete to the best of my knowledge. I certify that the Financial Aid Office will be notified if circumstances change.

Student Signature	Date
--------------------------	-------------

Internal use ONLY

Reviewed: _____

Scanned: _____

RETURN FORM with attachments to:
 Lake Superior State University
 Financial Aid Office
 650 West Easterday Avenue
 Sault Ste. Marie, MI 49783-1699
 Phone: 906-635-2678 Fax: 906-635-6669
 Email: finaid@lssu.edu