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| Student Name | ID # |
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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 2026-2027 academic period by filling in the number of credits for which you are registered or plan to register each semester.

FALL 2026 # of credits _____ **SPRING 2027 # of credits** _____

REASON(S) FOR THE APPEAL

Please check all that apply:

Documentation Required:

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| <input type="checkbox"/> TUITION and/or FEES: Average Cost of Attendance budget is based on 12-16 credits per semester with average fees of \$575 | * You have registered and or plan to register for more than 16 LSSU credits per semester. * Your fees are more than \$575 per semester. |
| <input type="checkbox"/> Room and Board: Average Cost of Attendance budget is based on base rate room and board. Private Room excluded. | * Room and Board rate is higher than base rate for room and board, but is <u>not a private room</u> . |
| <input type="checkbox"/> EQUIPMENT OR SUPPLIES FOR CLASSES | * 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. | * 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 \$750 per semester | * Submit copy of your schedule and print off required textbooks. * Submit copy of your receipt(s). |
| <input type="checkbox"/> OTHER: i.e. Child Care, Excessive Travel, Housing, etc. Please provide details and supporting documentation. | |
| <input type="checkbox"/> Increase to actual-Alternative/Private Loan only | *Private room and board rates |

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.

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| Student Signature | Date |
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| Internal use ONLY Reviewed: _____ Scanned: _____ COAPJ-A4 |
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| 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 |
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