

# INDIANA UNIVERSITY SOUTHEAST

## Budget Appeal Form

2007-2008 Academic Year/Summer

Office of Financial Aid  
Indiana University Southeast  
4201 Grant Line Road  
University South 105  
New Albany, IN 47150  
(812)941-2246 Fax (812) 941-2546  
Web site: <http://www.ius.edu/financialaid>  
OneStart: <http://onestart.iu.edu>

**Purpose:** This form is for **students only**. Completing one or more of the following sections may allow us to increase the student's "Cost of Attendance" budget or increase the # of students in college on the FAFSA. Neither change guarantees that the student will become eligible for more financial aid.

**Notification:** Results of your appeal and any requests for additional information will be sent to the student's IUS email account only.

**Deadline:** Appeals must be submitted no later than 30 days before the last day of finals of the semester in which you are currently enrolled for loans to be adjusted for the current semester as well as any future semesters within this academic year. Incomplete or late submission of this form and documentation may result in denial of the appeal. Federal grants can be adjusted for previous semesters within the year, however state grant eligibility will not change.

**Process:** Appeals are reviewed. If approved, the budget will be increased accordingly, any additional financial aid will be awarded and the student notified by e-mail of the result. Appeals may be closed without a ruling if the requested changes would not affect the student's financial aid package. Appeals will be denied if the student did not provide sufficient documentation to support their claim, missed the deadline, or if their claim did not meet federal guidelines for approval.

Student Name (print): \_\_\_\_\_ University ID: \_\_\_\_\_  
Last First

Street Address: \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

City/State/Zip \_\_\_\_\_ IUS E-mail: \_\_\_\_\_ Student Phone: \_\_\_\_\_

I give permission to the Office of Financial Aid to verify any information I provide on this form. I certify that all of the information provided on this form is correct to the best of my knowledge. I understand that if I purposely give false or misleading information on this form, I am liable for cancellation or repayment of all or part of my financial aid.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check all that apply. Budget adjustment requested for the following semester(s):**  Fall  Spring  Summer

**Student has incurred other direct educational expenses for the 2007/2008 academic year that exceed the amount budgeted by the Office of Financial Aid for this expense, including books and other mandatory supplies or equipment.** Please note that an allotment for books and supplies in the amount of \$385 per semester is already included in your budget. If you have costs for books, supplies and/or other direct educational expenses (such as musical instruments and art supplies) exceeding this amount attach an itemized list and proof of purchase.

Total of itemized educational costs: Fall: \$ \_\_\_\_\_ Spring: \$ \_\_\_\_\_ Summer: \$ \_\_\_\_\_

**Student's off-campus housing expenses during the 2007/2008 academic year will exceed the amount budgeted by the Office of Financial Aid for these expenses.** Please note that an allotment for housing in the amount of \$763 per month is already included in the budget for students living off campus. This budget includes food, shelter and utilities. *Students living with parents cannot claim this expense.* Students sharing expenses with others can only claim their portion. Please provide an itemized list of all monthly housing expenses. Include supporting documentation.

Total of itemized housing costs per month: \$ \_\_\_\_\_

**Student's mileage to and from school during the 2007/2008 academic year will exceed the amount budgeted by the Office of Financial Aid for this expense.** Please note that an allotment of 140 round-trip miles per week is already included in your budget.

no. of miles one way from home or off-campus address to school: \_\_\_\_\_ no. of days per week student attends class: \_\_\_\_\_

**Student's tuition and fees for the 2007/2008 academic year will exceed the amount budgeted by the Office of Financial Aid for this expense. We will confirm your actual tuition expenses.** This budget adjustment only applies to students with more than 11 credit hours or between 4 and 5 credit hours in any semester.

**Student has dependent child and must pay for dependent care to attend classes during the 2007/2008 academic year.** If you (the student) must pay for professional care for your child in order to attend class, enter the amount paid per week and attach proof of costs from the care provider. Do not include expenses paid by someone other than you or your parents.

Total amount paid per week for dependent care while attending classes: \$ \_\_\_\_\_

**Student or parent has purchased a computer for the student's educational use during the 2007/2008 academic year.** Please attach an itemized list of computer and other peripheral equipment and required software along with proof of purchase. The computer must have already been purchased in either 2007 or 2008 and must not have been claimed in a previous budget appeal. Printers can only be included if purchased at the same time as the computer.

Total cost of computer equipment and software: \$ \_\_\_\_\_

Submit this form along with required documentation to the IUS Financial Aid office. **Keep copies for your records.** You will be contacted via e-mail with the results of your appeal.