

2020 - 2021 Budget (Cost of Attendance) Appeal Form

Deadlines:

Fall Only: Oct. 15, 2020
Spring Only: Mar. 30, 2021
Fall & Spring: Mar. 30, 2021

Budget appeals for the summer session are separate will only be reviewed after registration for summer is completed.

Student's Name _____ Student ID: _____

Undergraduate Graduate Law Major(s): _____

UND Email _____ Phone #: _____

Marital Status:

Single Married Is spouse enrolled? Y N Spouse's Name _____

Is spouse employed? Y N Full-Time Part-Time

Number of Dependent Children: _____

PLEASE READ AND COMPLETE THE FOLLOWING

All Budget Appeal forms must include the following:

- A letter explaining your need for a budget appeal and additional funding.
- This form completed and signed.
- Documentation of expenses listed.

You will receive notification to your UND email account after your budget appeal has been reviewed. The Budget Appeal review process may take up to 14 business days.

Monthly Expenses

<u>Expenses</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Total</u>
-EXAMPLE-	150	0	0	0	0	150	150	150	150	150	900
*Educational Expenses (Not tuition/fees)											
*Rent/House Payment											
*Utilities											
Food (special diet documentation)											
*Renter's/Homeowners Insurance											
*Auto Insurance											
*Gas/General Car Maintenance											
*Medical Insurance											
*Dental/Optical											
*Toiletries/Personal Expenses											
*Computer Purchase											
*Other:											
Expenses Total Per Month											\$ _

***Proof of payment required for expenses listed** (e.g. bank statements, cancelled checks, copy of checks, copy of lease agreement, child care contract) **Any expenses without documentation will not be considered.**

Child or Adult Care Expenses

Child care/adult care expenses will only be considered for the time period you are participating in an education related activity (clinicals, class, research, group meetings, etc.).

Are you (or will you be) receiving child or adult care assistance from any other source? Yes No

If yes, which source? _____ Amount received each month: \$ _____

<u>Expenses</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Total</u>
*Child/Adult Care											

<u>Dependent's Name</u>	<u>Age</u>	<u>Avg. Hours/ Day</u>	<u>Hourly Care Fee</u>	<u>Avg. Monthly Expenses</u>

Commuting Expenses

If you commute more than 40 miles (round trip) per day to attend classes at UND, complete the following:

Commuting From: _____

Commuting To: _____

Number of miles per day: _____

Number of days per week: _____

Number of expected days per semester: _____

Reason(s) for commuting: _____

COVID-19 Related Relocation or Medical Expenses

If you have acquired additional medical and/or relocation expenses related to COVID-19, please specify here or attach further explanation if more room is needed.

Explanation of financial impact or expense(s):

Date(s) expense(s) incurred: _____

Signature(s)

Warning: If you purposely give false or misleading information on this form to help establish eligibility for Federal Student Aid, you may be subject to a \$20,000 fine, a prison sentence, or both.

***Please note that this request for a budget adjustment does not guarantee additional funding.**

Student's Signature

Date

Spouse's Signature (if applicable)

Date

FOR OFFICE USE ONLY

Eligible Ineligible

Additional aid requested:

Financial Aid Advisor Signature:

Date: