

2026-27 Budget (Cost of Attendance) Appeal Form

Student Name _____				Student ID: _____			
Major: _____		Undergrad	Grad	Law			
Marital Status:	Single	Married	Is spouse enrolled?	Y	N	Spouse's Name: _____	
			Is spouse employed?	Y	N	Semester:	Fall Spring
Number of Dependent Children: _____							

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 all expenses listed.

You will receive notification to your UND email account if additional information is being requested, or after your budget appeal has been reviewed.

Monthly Expenses

<u>Expenses</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Fall Total</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Spring Total</u>
-EXAMPLE-	150	150	150	150	150	750	150	150	150	150	150	750
Educational Expenses (Not tuition/fees)												
Rent/House Payment												
Utilities												
Transportation												
Personal Expenses												
Computer Purchase												
Other:												
Expenses Total Per Month						\$						\$

Are you (or will you be) receiving housing assistance? Yes No

If yes, which source? _____ Amount received each 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 educational 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>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Fall</u> <u>Total</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Spring</u> <u>Total</u>
Child/Adult Care												

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

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: _____ During the: Fall Semester Spring Semester

Number of days per week: _____

Reason for commuting: _____

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