



Office of Financial Aid Services  
 425 S. Wabash Ave - Suite 1M16  
 Chicago, Illinois 60605  
 Phone: (866) 421-0935  
 Fax: (312) 341-3545  
 Email: fas@roosevelt.edu

**2020-2021 BUDGET APPEAL**

Student Name: \_\_\_\_\_ Roosevelt ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Office of Financial Aid Services has estimated your educationally related expenses for the 9-month academic year in accordance with federal regulations including your enrollment, on or off campus housing status and grade level. Your total financial aid cannot exceed your academic year "Cost of Attendance"/budget. For consideration of expenses that you believe exceed these estimates, you may complete this appeal and provide documentation and receipts for review. Student name and RU ID number must be on all attachments. **You will be notified in writing within 7-10 business days about the outcome of your appeal.** You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.

**Deadlines:**  Fall & Fall/Spring Term – October 31st  Spring Term – March 31st  Summer Term – June 30th

A. Recurring Expense (s) – Based on 9-month academic year		B. What is the frequency of the expense (weekly, monthly)	C. Total amount of expense (multiply column A by column B)
Rent/Room (Lease Agreement)	\$		\$
Day Care (Contract)	\$		\$
Other:	\$		\$
Other:	\$		\$

A. Non-Recurring Expense(s) – Based on 9-month academic year	B. Total amount of expense (Paid Receipts must be attached)
Computer/Laptop	\$
Other:	\$
Other:	\$

If you submit this form without supporting documentation and receipts, your appeal is incomplete. Examples of the types of documents you may include:

- **Rent:** Copy of lease
- **Day Care:** Contract from service provider and payment receipt (s)
- **Computer/ Laptop:** Purchase receipt

**CERTIFICATION AND SIGNATURE**

I understand that additional information may be needed, any delay in my response for additional information within the 7-10 day review period can suspend or cancel this appeal. The outcome of this review may change my 2020-2021 FAFSA as well as my financial aid eligibility. I understand I am responsible for payment of my enrollment charges to Roosevelt University by the published due dates. By signing this form, I certify the information and any attachments are accurate and complete to the best of my knowledge. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be reported to the federal Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

\_\_\_\_\_

**Student Signature**

**Date**

Submit this worksheet in person to FAS-1M16/Wabash Building, or by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to **(312) 341-3545**

RRAAREQ: BUGAPL