



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

2022-2023 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 Fall/Spring 9-month academic period or the Summer 2-month academic period 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. If you submit this form without supporting documentation and receipts, your appeal is incomplete.

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

A. Recurring Expense (s) – Based on fall/spring 9-month or summer 2-month academic year period --		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 fall/spring 9-month or summer 2-month academic year	B. Total amount of expense (Paid Receipts must be attached)
Computer/Laptop	\$
Other:	\$

Examples of the types of documents you may include:

- **Rent:** Copy of current lease executed with my signature -
- **Day Care:** Contract from service provider executed with my signature and payment receipt (s) -
- **Computer/ Laptop:** Purchase receipt verifying funds I applied/paid -

CERTIFICATION AND SIGNATURE

I understand that additional information may be needed. Any delay in my response for additional information can suspend or cancel this appeal. The outcome of this review may change my 2022-2023 FAFSA and/or 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 can 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 for in person to the Office of Financial Aid Services - 1M16/Wabash Building or by email to **fas@roosevelt.edu** or by fax to **(312) 341-3545** -