

Student Name: _____

Roosevelt ID: _____

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 exceed these estimates, you may complete this appeal and provide documentation and receipts for review. You will be notified in writing in 7-10 days about the outcome of your appeal. Student name and RU ID number must be on all attachments.

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) – To apply to 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

I understand the Office of Financial Aid Services is reviewing my dependency status according to federal regulations for federal student aid eligibility. I also understand that 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 2018-2019 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.

CERTIFICATION AND SIGNATURE

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. 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 Bldg, by email to fas@roosevelt.edu, or by fax to **(312) 341-3545**
RRAAREQ: BUGAPL